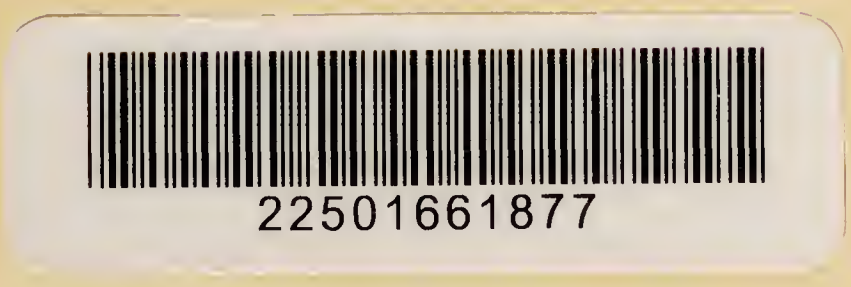
North Wales Mental Hospital Management Committee

ANNUAL REPORT
FOR THE YEAR 1953



North Wales Mental Hospital Management Committee

ANNUAL REPORT
FOR THE YEAR 1953

GEE & SON, LTD., DENBIGH

North Wales Mental Hospital Management Committee

Chairman:

Alderman ALFRED E. HUGHES, C.B.E., J.P., Brynhyfryd, Dolgelley.

Vice-Chairman:

Alderman W. J. HODSON, J.P., Crestonia, Liverpool Road, Buckley
(Chairman of the Finance Committee).

Members:

Alderman Mrs. ANNE FISHER, M.B.E., J.P., Tyddyn Eilian, Llanberis.
Dr. J. T. LEWIS, Beech House, Vale Street, Denbigh.
Dr. M. T. ISLWYN JONES, 16 Grosvenor Road, Wrexham.
Councillor O. M. PRITCHARD, Tŷ Mawr, Llanfairyneubwll.
Alderman H. R. JONES, 2 The Terrace, Corwen.
who are appointed for the period ending 31st March, 1954.

Alderman Mrs. E. C. BREESE, J.P., Gorsty Hayes, Ruabon Road, Wrexham
(Chairman of the General Purposes Committee).
T. W. JOHNSON, Esq., Wynford, Rhyl Road, Denbigh.
HENRY PARRY, Esq., 1 Veto Villas, Denbigh
(Chairman of the Works and Engineering Committee).
Councillor JOSEPH PRICE, 2 Elm Cottages, Gatewen Road, New Broughton.
who are appointed for the period ending 31st March, 1955.

Councillor THOMAS JONES, 31 Nantygaer Road, Llay, Wrexham.
Dr. A. E. ROBERTS, Garth, Fairfield Avenue, Rhyl.
Councillor DAVID TUDOR, J.P., Dilwyn, Trawsfynydd
(Chairman of the Farm Committee).
O. R. E. JONES, Esq., J.P., Cafnan, Cemaes Bay.
Alderman JOHN THOMAS, J.P., Cefn, Llanengan, Abersoch.
who are appointed for the period ending 31st March, 1956.

Secretary and Finance Officer:

SIDNEY L. FROST, F.H.A.

Supplies Officer:

ALFRED H. LUCAS, F.H.A., A.R.San.I.

Group Engineer and Clerk of Works:

R. GLYN PRITCHARD, M.I.H.E., M.I.E.C.

Deputy Secretary:

D. BASIL EVANS

Hospitals and Institutions Administered by the North Wales Mental Hospital Management Committee

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH, AND POOL PARK HOSPITAL, NEAR RUTHIN

Chairman:
Alderman ALFRED E. HUGHES, C.B.E., J.P.

Vice-Chairman:
Alderman W. J. HODSON, J.P.

Medical Superintendent:
J. H. O. ROBERTS, M.D., D.P.M., J.P.

Matron:
BLODWEN D. HUGHES, S.R.N., S.C.M., R.M.P.A

Chief Male Nurse:
T. J. DAVIES, R.M.N., R.M.P.A.

BROUGHTON M.D. INSTITUTION, NEAR CHESTER

Chairman of the House Committee:
Dr. A. E. ROBERTS

Members:

Alderman W. J. HODSON, J.P.
Alderman Mrs. E. C. BREESE, J.P.
Councillor THOMAS JONES
Councillor DENNIS GRIFFITHS, J.P.
Mrs. D. KENYON.

Matron-Superintendent:
ANN E. FLETCHER, S.R.N., R.M.P.A.

Medical Officer:
H. T. HUGHES, M.B., Ch.B., D.P.H.

COED DU HALL M.D. INSTITUTION, NEAR MOLD

Chairman of the House Committee:

Alderman Mrs. E. C. BREESE, J.P.

Members:

Mrs. P. R. DAVIES-COOKE
Mrs. FLORENCE JONES
Miss W. YATES, J.P.
Alderman H. HAMPSON, J.P.
Alderman W. J. HODSON, J.P.
Dr. M. T. ISLWYN JONES
Councillor THOMAS JONES
Councillor J. O. PARSONAGE
Councillor J. PRICE

Matron-Superintendent:

(Mrs.) IRENE TAYLOR, R.M.N.

Medical Officer:

K. A. BUTLER, M.B., B.S.

LLWYN VIEW M.D. INSTITUTION, DOLGELLEY, AND GARTH ANGHARAD M.D. INSTITUTION, DOLGELLEY

Chairman of the House Committee:

Alderman ALFRED E. HUGHES, C.B.E., J.P.

Members:

Alderman Mrs. ANNE FISHER, M.B.E., J.P.
Mrs. M. MAELOR JONES
Mrs. E. ROBERTS
Dr. W. F. GAPPER
D. R. MEREDITH, Esq.

Superintendent, Garth Angharad:

W. M. ROBERTS

Matron-Superintendent, Llwyn View:

SYDNEY WILLIAMS, S.R.N., R.M.P.A., C.M.B.

Medical Officer:

H. D. OWEN, M.B., Ch.B.

Medical Staff

Psychiatry

Consultants:

J. H. O. ROBERTS, M.D.(Lond.), D.P.M.
GEOFFREY WILLIAMSON, M.B., Ch.B.(Manchester), D.P.M.
T. GWYNNE WILLIAMS, M.D.(Lond.), D.P.M.
E. SIMMONS, M.D.(Bonn), L.R.C.P.& S.(Edin.), (Child Psychiatry)

Senior Hospital Medical Officers:

K. C. S. EDWARDS, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.M.
J. A. URQUHART, M.B., Ch.B.(Glasgow), D.P.M.
D. OWEN LLOYD, M.B., B.S., D.P.M.

Senior Registrar:

JOHN MILLAR, M.B., Ch.B., D.P.M.

Junior Hospital Medical Officer:

O. F. SYDENHAM, B.Sc. (Birmingham), M.B., Ch.B., M.B.B.S.(Lond.)

Consultants in Other Specialities:

Pathology:

A. CEINWEN EVANS, M.B., Ch.B., B.Sc.(Wales)

General Medicine:

GEOFFREY H. T. LLOYD, M.D.(Lond.)

Electroencephalography:

ROBERT R. HUGHES, M.D.(L'pool), M.R.C.P.

General Surgery:

D. I. CURRIE, M.B., Ch.B.(Leeds), F.R.C.S.(Eng.)
R. S. NINIAN, F.R.C.S.(Edin.)

Neuro-Surgery:

A. SUTCLIFFE KERR, M.C., Ch.B.(Liverpool), F.R.C.S.(Eng.)

Ear, Nose and Throat Surgery:

R. D. AIYAR, F.R.C.S.(Edin.)

Ophthalmology:

ELEANOR M. P. BROCK, M.B., Ch.B.(Liverpool), D.O.M.S.

Anaesthetics:

NANCY I. FAUX, M.B., B.S.(Lond.), D.A.
DAVID E. ROWLANDS, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.A.

Radiology:

S. NOWELL, M.B., Ch.B.(Manchester), D.M.R., F.F.R.
I. PIERCE WILLIAMS, M.B., Ch.B.(Liverpool), D.M.R.

Dental Surgeon:

CHARLES HUBBARD, L.D.S.

OTHER STAFF

Psychologists:

MARTHA VIDOR, Ph.D.(Leipzig), F.B.Ps.S.
CELIA H. WILLIAMS, B.A.(Hons. Psych.)(Lond.)

Psychiatric Social Workers:

KATHLEEN M. JONES, B.A.(Wales)
JANET W. WIGGINS
J. S. MIDWINTER
A. MARRINGTON
MARY K. PRETTY

Senior Occupational Therapists:

MAY COOPER, S.R.M.N., M.A.O.T.
G. R. WILSON, R.M.P.A., M.A.O.T.

Chaplains:

Rev. H. DAVIES, B.A., Church of England
Rev. J. H. GRIFFITH, M.A., Nonconformist
Father JOSEPH WEDLAKE, Roman Catholic

Fifth Annual Report of the North Wales Mental Hospital Management Committee for the year 1953

The Committee have pleasure in presenting their Annual Report for the year ended 31st December, 1953, in respect of the hospitals and institutions for which the Committee are responsible, the group consisting of the following:—

North Wales Hospital for Nervous and Mental Disorders, Denbigh	1414 beds
Pool Park, Ruthin	100 ,,
Coed Du M.D. Institution, Rhydymwyn	86 ,,
Broughton M.D. Institution, Near Chester	70 ,,
Llwyn View M.D. Institution, Dolgelley	68 ,,
Garth Angharad M.D. Institution, Near Dolgelley	62 ,,

Steady progress has been maintained in improving the facilities and general equipment of all the institutions from the limited funds available and, although no major schemes have been included in the year's programme, the Management Committee are grateful to the Welsh Regional Hospital Board for the ready assistance, financial and otherwise, that has made possible much progress both as regards fulfilment of a number of minor capital schemes and improvement in furnishing and equipment.

It has been contended by the Committee, and supported by the statistical data available, that the Mental Hospital has, in the past, been run on economical lines and that the general standard, as compared with that of other similar hospitals, could well be raised. Here again, the Regional Hospital Board have assisted the Committee whenever possible by authorising the appointment of additional staff in the departments where they have satisfied themselves that the existing strength of staff was insufficient to provide an adequate service.

It has not been possible to increase the number of beds available during the year but the Committee are very pleased to hear that the Regional Hospital Board are well advanced in their negotiations for the acquisition of Oakwood Park Estate, Conway, for the early reception of 175 mental defectives and for future development as a colony for 500 to 600 patients. It is hoped also that the new villa for 50 female patients will be completed next year and relieve the very serious overcrowding at the Mental Hospital.

MANAGEMENT COMMITTEE

At the close of the year the Committee suffered a severe loss by the passing away of Dr. Aneurin E. Roberts, County Medical Officer of Health for Flintshire, member of the Finance Sub-Committee and Chairman of the Broughton M.D. Institution House Committee. Dr. Roberts had been a most active member of the Committee since the Appointed Day and had placed at the disposal of the Committee a wealth of knowledge and experience in the administration of mental deficiency institutions and the treatment of defectives. As Chairman of the Broughton House Committee, his services had been of inestimable value during the period of transfer of the Institution from the County Council where, as Medical Officer of Health, he had, for many years, been Medical Officer of the Institution.

To replace the late Alderman R. T. Vaughan, to whose long and faithful service tribute was paid in my last report, and Alderman J. Howell Roberts who had resigned, the Regional Hospital Board appointed Alderman H. R. Jones of Corwen and Alderman John Thomas of Abersoch respectively.

Regular monthly meetings of the Management Committee have been held at Denbigh and, in addition, sub-committees have met to deal with special matters from time to time. Local House Committees have held bi-monthly meetings at the mental deficiency institutions and the Management Committee are grateful for the way in which the day-to-day matters have been attended to, and for the advice and guidance given by the House Committees on matters of policy.

PATIENT STATISTICS

Details of the patient population, admissions, discharges, etc., at the Mental Hospital are contained in the Medical Superintendent's Annual Report, and the mental deficiency institutions are dealt with in the report of the Consultant Psychiatrist who has been appointed to visit these institutions.

At Denbigh, the Committee are pleased to note that, for the first time since 1946, the total numbers in the Hospital show a slight fall instead of the usual rise. This fact, and the various measures adopted to deal with overcrowding, has enabled the acute cases on the male side to be admitted almost immediately, and on the female side, the waiting list time has been reduced. A very welcome increase in the admission of short-stay cases has been possible, the admission rate increasing from 814 in 1952 to 856 during the year under review. The numbers of patients on the books of the Mental Hospital at the beginning and end of the year are as follows:—

	Male		Female		Total
At 31st December, 1952	746	...	764	...	1510
At 31st December, 1953	744	...	753	...	1497

At the mental deficiency institutions, the numbers on the books are as follows:—

	At 31st December, 1952		At 31st December, 1953
Broughton	62	...	63
Coed Du	99	...	99
Llwyn View	66	...	73
Garth Angharad	62	...	73

CHILD GUIDANCE SERVICE

A number of meetings of the Child Guidance Sub-Committee have been held during the year and attention has been paid to the classes and types of patients seen at the clinics, some of whom are, strictly speaking, the responsibility of the Local Health Authorities or the Local Education Authorities. Conferences have been held with representatives of these Authorities to ascertain the proportion of cost to be borne by the respective Authorities. The Consultant Child Psychiatrist has given details of the work carried out in his Department in his

report. The Committee, in consultation with the Regional Hospital Board, are actively engaged in extending and building up this new service but development has been handicapped by the lack of suitable clinic premises throughout the area. The Regional Hospital Board have acquired, for use as Child Guidance administrative headquarters and for clinic purposes, a property known as Bod Difyr, Colwyn Bay, and negotiations are proceeding for the acquisition of clinic premises in Bangor.

CHARITIES

Considerable progress has been made in negotiations with the Charity Commission regarding the establishment of a scheme for the regulation of the Charities. The proposed Scheme provides for the merging of the charities previously known as the Ablett Testimonial Fund, the Private Patients' Fund, the William Jones Bequest, and the Christmas Gifts Fund, to be administered by a new body of Trustees as a single Scheme. The new body of Trustees will consist of two ex-officio Trustees (the Chairman of the Mental Hospital Management Committee and the Chairman of the Mental Hospital Finance Sub-Committee); one representative from each of the County Councils of Anglesey, Caernarvonshire, Denbighshire, Flintshire, and Merionethshire, with, as additional Trustees, surviving Trustees of the old charities, who will be entitled to hold office for life.

The yearly income of the charities will be applied, at the direction of the Trustees, in connection with the Mental Hospital for making payments for the benefit of poor patients or dependents in the five counties. It is hoped that the Scheme will soon be formally approved enabling the Trustees to provide financial assistance that can mean so much to certain needy cases after their discharge.

FINANCES

Details of expenditure and income under the various heads are given elsewhere in this report.

The Committee's forecast of income and expenditure for the year 1953/4 amounting to £393,762 could not be met by the Regional Hospital Board but was reduced to £362,000 to which figure, however, certain sums were added for specific purposes such as salary awards resulting in a finally approved revised net figure of £396,982.

All Hospital Management Committees were asked, during the year, to reduce their cash and stock balances, and necessary steps have been taken to give effect to the Minister's requirements. The cash balance standing at £36,468 at the commencement of the year was reduced to £9,013 at 31st March, 1954, and the Committee hope that the valuation of stocks at 31st March will show a decrease in the value of stocks also.

Minor capital works were carried out by direct labour on behalf of the Regional Hospital Board to the total value of £2,012 and, in addition, works to the value of £1,720 were completed and paid for directly by the Board.

CAPITAL SCHEMES

The Regional Hospital Board have included in their Capital works programme the following major projects:—

Improvement to the water supply involving a secondary pipeline from Coed Accas filters and an additional reservoir, at an approximate cost of £12,000.

Installation of new Lancashire boilers and A.C. generating plant; the work to be spread over a few years at a total cost of £50,000.

Adaptations at Oakwood Park Colony for mental defectives, £46,000. The purchase of Oakwood Park Estate is being financed outside the Regional Hospital Board's normal Capital allocation.

The new villa for 50 female patients at the Mental Hospital will also be financed by direct grant outside the Board's normal Capital allocation.

The Regional Hospital Board have included in their list of schemes for forward planning two more villas at Denbigh, one for 40 beds and the other for 26 beds, and a long stay annexe for elderly patients. Provision is also being made for the future development, on the Oakwood Park Estate, of a mental deficiency colony of from 500 to 600 beds.

WORKS

A heavy programme of repairs, alterations and improvements has been carried out during the year by direct labour under the supervision of the Group Engineer and Clerk of Works at the Mental Hospital.

The Regional Hospital Board have again co-operated and been extremely helpful in authorising the department to carry out minor Capital works chargeable to the Board. For a number of reasons, the only practical way of completing the schemes was by direct labour, and the Committee have realised that a large programme of this kind must react to some extent to the detriment of normal maintenance, for the reason that temporary labour for extraordinary works cannot always be secured, resulting in diversion of maintenance labour to Capital works.

In addition to routine maintenance, the following improvements and adaptations have been carried out:—

Denbigh

Installation of metal casements and alterations—Female I.

Female Nurses' changing accommodation.

Repairs to laundry roof following fire.

Heating of Male Nurses' Block.

Scraping of water main from Bryntrillyn to Coed Accas.

Provision of clinic rooms in Male Wards 5 and 7.

Erection of cycle shed at Reception Hospital.

Adaptation of rooms for Male Occupational Therapy Department.

Re-wiring of Male Ward 2 and Male Nurses' Block.

Re-decoration of Female Wards 5, 6 and 9, and Preliminary Training School at Reception Hospital.

Internal decoration of Female Wards 5 and 8, Male Ward 4 Verandah, and sections of Administrative Block.

Pool Park

Re-decoration of kitchen and scullery.

Coed Du

Installation of Grid Supply to Matron's cottage.

Alterations and improvements to Entrance Hall.

Erection of Hutment to form Occupational Therapy Department.

Installation of additional kitchen equipment.

Provision of additional heating in dormitories.

Re-decoration of dormitories.

Llwyn View

Installation of chlorinating equipment for private water supply.

Pebbledashing of main building and demolition of out-buildings.

Garth Angharad

Installation of Grid Supply.

WATER SUPPLY

Special representations have been made to ensure that supplies of water to the Hospital will not be adversely affected by the new Aled Rural District Council scheme and the Committee are now assured that the Mental Hospital is to receive adequate priority.

A small quantity of water is already being supplied to the Council but minor technical details are yet to be agreed upon and the agreement has not yet been finally approved and signed.

FARMS

An otherwise successful year's work on the farm has been marred by the first attack of swine fever ever known in the long history of the Hospital Farm at Denbigh. In spite of this, a reasonable profit is anticipated and the farm has again fulfilled its function of providing the Hospital with clean milk, potatoes and vegetables and, in addition, of offering congenial and healthful out-door employment for a large number of patients including a few women in the kitchen gardens.

As mentioned in last year's report, the Committee supported the appeal of their Farm Bailiff for higher salary grading and the Regional Hospital Board have now raised the grading from Grade I to Grade II.

CONCLUSION

The Management Committee once again wish to thank all the staffs of the Mental Hospital and the mental deficiency institutions. The conscientious way in which their duties have been carried out has made possible the smooth and efficient running of the Group of which the Committee are proud. The arduous nature of the work of the Superintendents of the smaller institutions and the measure of responsibility often taken by them on the spot is appreciated, and the Committee offer them their sincere thanks.

ALFRED E. HUGHES,

Chairman.

April, 1954.

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH

Medical Superintendent's Annual Report, 1953

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital for Nervous and Mental Disorders at Denbigh.

This is my first Report since the Appointed Day in which I do not deal with the Mental Deficiency Institutions but I would like to take this opportunity of welcoming Dr. T. S. Davies, who succeeds me as your Medical Adviser in Mental Deficiency. Whilst it is a matter of personal regret to me that I cease to be actively connected with the Institutions and whilst no doubt it was a convenience to the Management Committee to have but one Medical Adviser, the new arrangement has outweighing advantages. First, Dr. Davies has the experience in Mental Deficiency work of an order not usually found in psychiatrists such as myself who have devoted most of their time to work in Mental and General Hospitals. Secondly, in order that the proper use can be made of the beds in the smaller Mental Deficiency Institutions of North and Mid-Wales, a free interchange between them and with Hensol Castle is essential. Dr. Davies, being on the staff of Hensol Castle, is in a unique position to facilitate such a policy.

I now come to my proper task which is to report on the Hospital at Denbigh. The most significant happening there would seem to be that for the first time since 1946, the total number of patients in the Hospital shows a slight fall instead of the usual rise. In view of the very serious difficulties which were being met in 1952 as a result of overcrowding, this fall, slight though it may be, gives rise to a feeling of some relief.

This check on the steady rise in the number on the Hospital books has taken place despite a further increase in the admission rate and a lower number of deaths, and must therefore be due to an increased turnover. It follows on the Committee's decision made towards the end of 1952 not to allow overcrowding to reach beyond the extent present at that time.

The implementation of the above decision has affected chiefly the admission of elderly female patients and it has not always been easy to limit them to their quota of beds. That we have been able to do so is due in large measure to the co-operation of the Medical Officers of Health and the Welfare Officers of the five counties and to the understanding of the General Practitioners of North Wales. We have also been helped, I feel sure, by an improvement in the available bed position for long-stay patients in the General Hospitals of the area. As a result, they appear to be better able to relieve us of the more tranquil case of senile confusion. I am also appreciative of the good work being carried out by

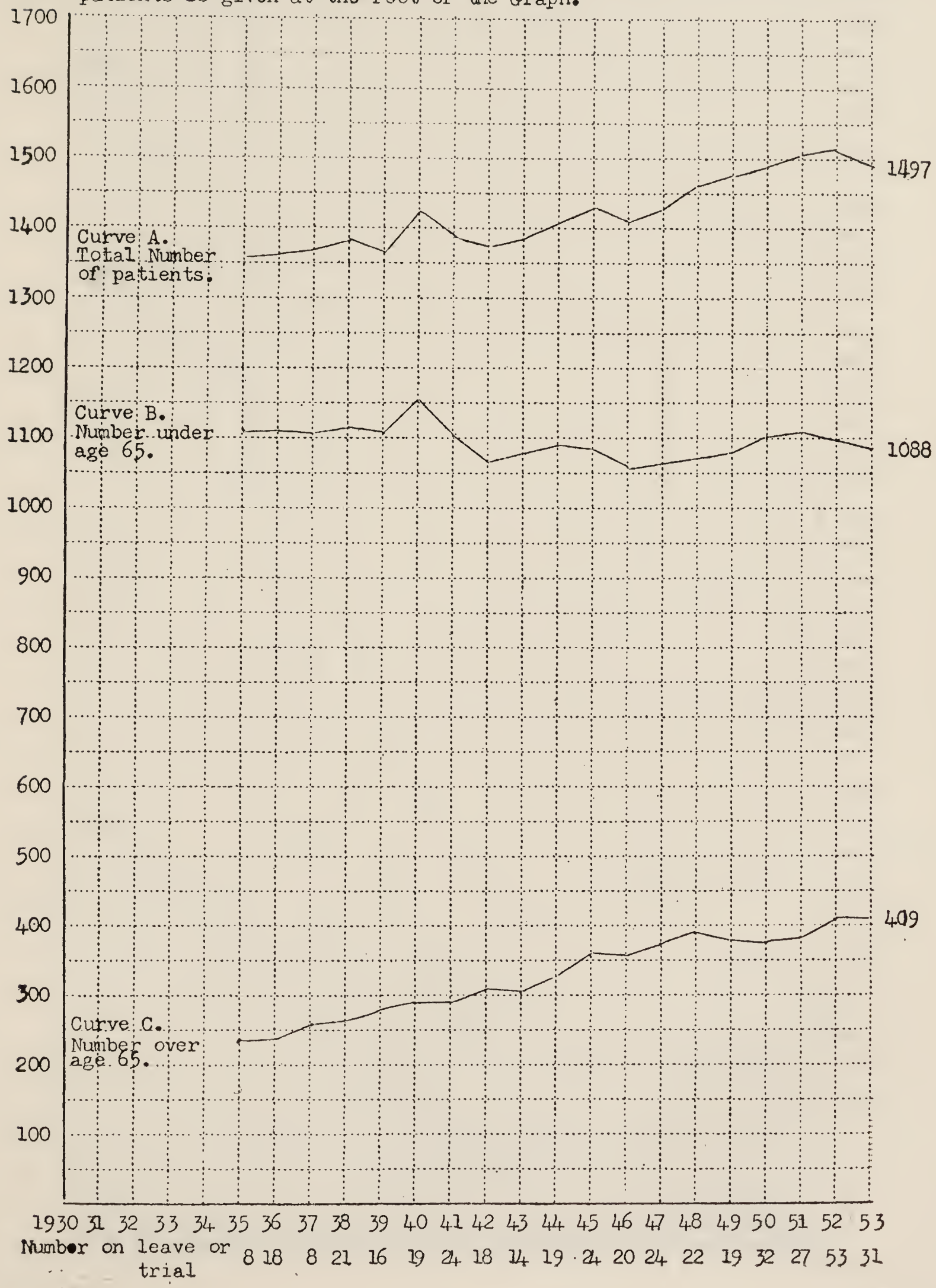
the Consultant Physician in charge of beds in these long-stay hospitals and which is resulting in many patients being returned to their homes, thus making available their beds for others. We have co-operated freely with them in deciding on the best method of helping many of these pathetic old folk and I feel sure that it is in such co-operation that the answer to the problem they present will be found.

With regard to the admission of acute cases, I am pleased to be able to report that the position is easier. We are able to admit urgent acute cases to the Main Building immediately, whilst on the Female Side at Gwynfryn, the waiting list time for non-urgent cases is now down to about three weeks as against six weeks in the previous year. This improvement on the acute side can be attributed to the relief in the overcrowding position already referred to. Small though it was, it freed certain beds for use by short-stay cases. As a result, the admission rate increased from 814 in 1952 to 856 in 1953—the highest figure on record.

GRAPH I

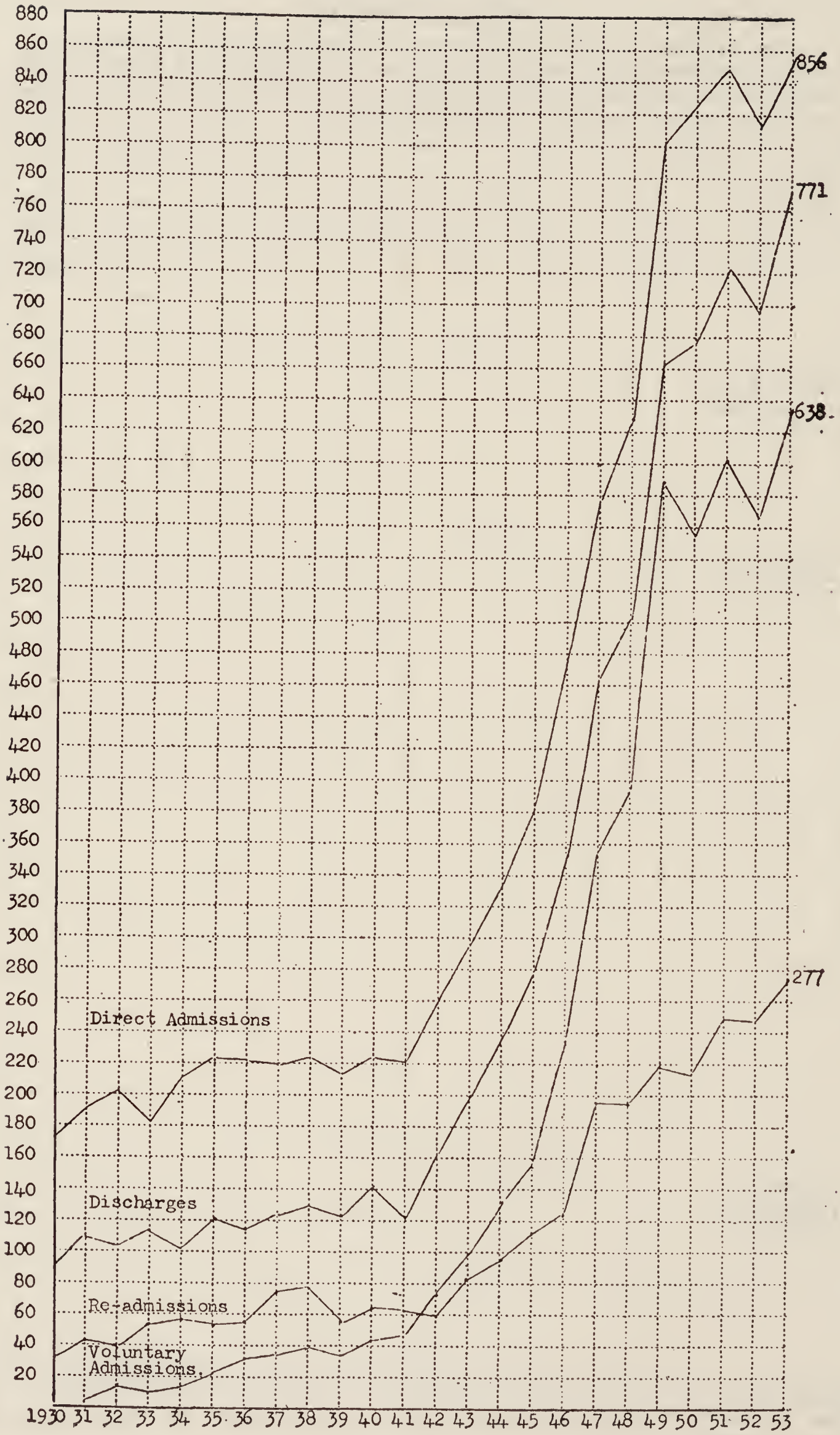
HOSPITAL POPULATION.

The figures on which this Graph is based refer to the number of patients on our books on 31st. December each year but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.



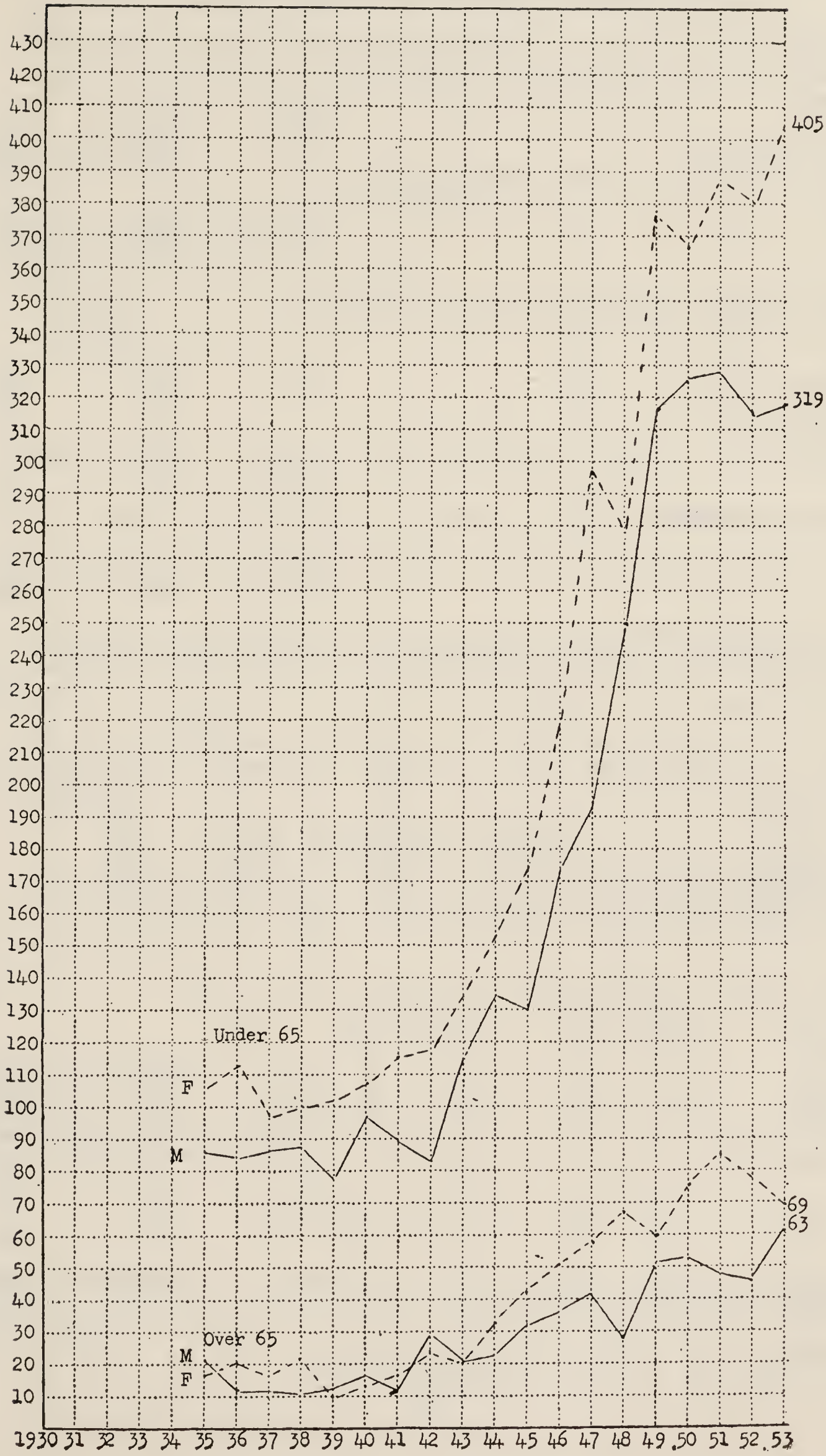
Graph II.

Admissions & Discharges.



GRAPH III.

Admissions according to sex and age group over or under 65 years.



GENERAL STATISTICS OF ADMISSIONS, DISCHARGES, DEATHS AND HOSPITAL POPULATION

Admissions:

	Male		Female		Total
Direct admissions	382	...	474	...	856
Indirect admissions from other mental hospitals	—	...	1	...	1
	382	...	475	...	857

Admission classified according to form of admission:—

	Male		Female		Total
Voluntary	300	...	338	...	638
Temporary	7	...	10	...	17
Certified	75	...	126	...	201
	382	...	474	...	856
Transfers (Certified)	—	...	1	...	1
	382	...	475	...	857

Proportion of Voluntary Admissions to all Admission = 74.4%

Admissions (direct) classified according to age groups:—

Age Group	Male	Female	Total
Under 20	14	6	20
20—40	142	163	305
40—60	135	198	333
60—80	88	101	189
Over 80	3	6	9

The number of re-admissions during the year was 277.

Discharges:

	Male		Female		Total
Recovered	147	...	198	...	345
Relieved	152	...	194	...	346
Not improved	40	...	40	...	80
	339	...	432	...	771

	Male		Female		Total
Transfers to other mental hospitals	—	...	2	...	2

Discharge rate on direct admissions = 90.0%.

Deaths:

	Male		Female		Total
Number of deaths	45	...	52	...	97

The death rate was 6.5% on the average number resident.

Post Mortem Examinations were conducted in 54.6% of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of 4 patients, returning a verdict of Misadventure in all four cases.

Hospital Population:

	Male		Female		Total
Number of patients on Hospital Registers on 31st December, 1952	746	...	764	...	1510
Number remaining 31st December, 1953:—					
Voluntary	134	...	135	...	269
Temporary	—	...	2	...	2
Certified	610	...	616	...	1226
	744	...	753	...	1497

Fifty-four patients are classified as Ministry of Pension Service cases.

THE GENERAL HEALTH OF THE HOSPITAL

The health of the patients generally has been satisfactory and no epidemic illness has occurred during the year.

Pulmonary Tuberculosis. During the year, one patient died from pulmonary tuberculosis compared with two in 1952 and an average of 7.3 during the years 1934 to 1939.

B.C.G. Vaccination. All nurses are Mantoux tested on joining and all entrants this year gave a positive reaction. Consequently no B.C.G. vaccination was necessary.

NURSING STAFF

The first table shows the strength of our Nursing Staff (including Nursing Officers) on the 31st December, 1951 to 1953. The second table shows the number of trained female nurses on our whole-time staff each year from 1944:—

Table 1

	31/12/51		31/12/52		31/12/53	
	Male	Female	Male	Female	Male	Female
Qualified Mental Nurses	71	13	72	13	75	17
Qualified Mental Nurses also S.R.N.	10	3	9	3	7	4
Student Nurses	15	36	11	38	9	24
Nursing Assistants	32	27	35	32	37	34
Part-time Nurses (in terms of whole-time)	–	27	–	28	–	28
	128	106	127	114	128	107
Recognised Establishment	140	140	138	142	141	140
Deficiency	12	34	11	28	13	33
Ward Orderlies	1	7	6	8	8	10

Table 2

Trained Female Staff	
December, 1944	33
,, 1945	27
,, 1946	23
,, 1947	27
,, 1948	24
,, 1949	20
,, 1950	16
,, 1951	16
,, 1952	16
,, 1953	21

On the Female Side, the gain made good in 1952 has not been maintained and, as far as numbers are concerned, we are back where we were in 1951. On the other hand, there has been an increase in the number of trained nurses on our staff. This is gratifying, as it is the first time since 1947 that the downward trend in their number has been reversed.

The fall in the overall strength of the Female Nursing Staff is mainly due to there having been fewer student nurses in training last year. This is partly accounted for by an increased loss through resignation and partly by a fall off in the number recruited. This occurred despite a vigorous Campaign Week last summer arranged by the Ministry of Labour throughout the Welsh Region.

The problem of recruiting female student nurses is one which is nation-wide and to which great prominence has been given during the last few months in the lay and medical press. It has also been debated in the House of Commons. Its seriousness cannot be over-emphasised for the reason that we cannot hope to maintain, let alone develop, our standard of care and treatment of the mentally ill without an adequate cadre of trained nurses.

TREATMENT OF MENTAL ILLNESS

The treatment of mental illness divides itself into the following categories :—

1. Measures directed to improving the patient's general health.

2. Measures directed to re-educating the patient. These include advice, psycho-therapy, occupational therapy and, upon discharge, help in rehabilitation.

3. Special methods of treatment of which the following are the most important in use at this Hospital :—

   (1) **Electric Convulsive Therapy**: This is applied by passing an electric current through the brain.

   (2) **Insulin**: In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilising lower doses also proves beneficial.

(3) **Prolonged Narcosis:** In this, the patient is kept asleep almost continuously for a period up to 14 days.

(4) **Prefrontal Leucotomy:** This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.

(5) **Treatment of General Paralysis of the Insane:** The following methods are in use:—

(a) Inoculation with Malaria.
(b) Penicillin.
(c) Specific antisyphilitic drugs.

The following table shows the number treated by various physical methods during 1953:—

	Male	Female	Total
Electric Convulsive Therapy	261	417	678
Modified E.C.T.	51	29	80
Deep Insulin	21	16	37
Modified Insulin	51	76	127
Partial Narcosis	10	3	13
Ether or CO^2 Abreaction	2	3	5
Alcohol Aversion Treatment	2	–	2
Prefrontal Leucotomy	5	12	17
Narcoanalysis	4	12	16
Sub-convulsive Stimulation	8	–	8
Hormonal Treatment	5	–	5

Leucotomy Cases:

The following is an analysis of the results in all cases operated upon between April, 1942, and December, 1953:—

	Male	Female	Total
Total Number of Cases	116	90*	206*
Discharged "Recovered" or "Relieved"	55	40	95
Improved in Hospital	29	20	49
Unchanged	27	21	48
Died as a result of operation	5	7	12
Discharged but since relapsed	14	2	16

*Includes 2 cases who have been operated upon twice.

Commentary: As Leucotomy is only performed on cases which have not responded to other forms of treatment and in which the outlook without operation is regarded as hopeless, the results shown in the above table are regarded as satisfactory.

Surgical Operations:

The operation of Leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre.

Most major general surgical operations are now performed at neighbouring general hospitals, straightforward cases returning to this Hospital on the same day.

CONSULTANTS' VISITS IN SPECIALITIES OTHER THAN PSYCHIATRY

Speciality	Consultant's Name	Frequency of Attendance	No. of Patients seen in 1953
General Medicine	Dr. G. H. T. Lloyd	Weekly	117
Tuberculosis	Dr. Clifford Jones	As required	58
General Surgery	Mr. D. I. Currie	As required	34
Ophthalmology	Mrs. E. M. Brock	Every month	62
Ear, Nose & Throat Surgery	Mr. R. D. Aiyar	Alternate weeks	29
Orthopædic	Mr. V. K. Drennan	As required	7

Dental Department:

Mr. Charles Hubbard pays weekly visits to the Hospital. All patients requiring treatment are seen as soon as possible after admission and their teeth put in order.

During the year 1953, 675 patients were examined. Extractions were carried out in 206 cases, 25 patients had teeth filled, and 76 were provided with dentures.

Occupational Therapy

Miss Cooper, who was in charge of occupational therapy on the Female Side, left in November and it has not yet proved possible to fill the vacancy made. However, Miss Morton, who recently qualified, has carried on admirably with the help of two Assistants.

There are two principal centres, one at the Reception Hospital and one in F.3 Ward. These deal for the most part with acute and recoverable cases. The occupational requirements of the chronic cases are chiefly catered for by sewing groups and by work in the dress-making department.

Mr. Wilson, who has charge of the Male Side, has one qualified Assistant Occupational Therapist while three Male Nurses are seconded to his department, one of whom is also a printer by trade and another a painter. He also has a joiner on his staff.

Work is carried out principally in three centres, the two dealing with acute cases being located at the Reception Hospital and M.3 Ward respectively whilst there is also a workshop for chronic patients in the Main Building.

SPECIAL METHODS OF INVESTIGATION

Pathological Laboratory:

The following examinations were made during the year 1953:—

Haematology specimens	2109
For various bacteria	182
For Parasites	17
For chemical analysis	247
Post mortem examinations	55

X-Ray Department

During 1953, the following examinations were made:—

	Patients		Staff		
	Male	Female	Male	Female	Total
Chest	176	73	50	7	306
Abdomen .	1	1	–	–	2
Skeleton ..	65	51	6	6	128
Total ...	242	125	56	13	436

Also the following examinations were carried out at the Denbighshire Infirmary:

	Patients		Staff		
	Male	Female	Male	Female	Total
Chest	–	21	–	95	116
Skeleton ..	–	11	–	2	13
Total ...	–	32	–	97	129

All radiographs are seen and reported on by Dr. Pierce Williams, Consultant Radiologist to the Hospital.

Department of Psychology

A psychologist is chiefly concerned with tests estimating intelligence and other qualities of the mind. Dr. Vidor's work has included the following:—

(1) **Denbigh In-patients:**

205 patients have been examined. This number has included 20 cases examined as a preliminary to the operation of Leucotomy. Such cases are again examined at periods following the operation.

(2) **Patients at M.D. Institutions:**

During the year, Dr. Vidor visited the M.D. Institutions and examined 81 patients.

(3) **Personnel Selection:**

Twelve candidates for posts on the nursing staff were seen and reported on.

(4) **Out-patient Work:**

The psychological work carried out by Dr. Vidor in the Child Guidance Clinics is covered by Dr. Simmons in his Report. Twenty adult out-patients were reported on.

HAIRDRESSING

Unfortunately, our Ladies' Hairdresser resigned shortly before Christmas and it has not yet proved possible to fill the vacancy.

On the Male Side, a barber visits the wards in turn.

CHIROPODY

Miss Millree attends on the Female Side of the Hospital on two days a week. Mr. Lees puts in two days with male patients.

SOCIAL LIFE OF THE PATIENTS

Religious Services:

Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church and Nonconformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays and at 9 a.m. on Wednesdays and Fridays. There is also held a Prayer Meeting on Sunday Evenings in which patients take part.

The Roman Catholic Chaplain holds a Service every Thursday evening and attends whenever needed to minister to the seriously ill.

Employment of patients:

Patients not employed in the Occupational Therapy Department are encouraged to take part in the ordinary necessary work of the Hospital. This not only helps their mental condition but gives them the sense of being useful members of a community.

The Canteen:

The Hospital Canteen continues to provide a very satisfactory service and patients who have not the privilege of Town Parole are there able to purchase such items as fruit, sweets and tobacco.

Goods are paid for either in the normal currency of the realm or in the form of tokens, the value of each being 3d.

Patients who have no income from other sources are allowed up to 5/- per week pocket money, the actual amount varying according to their capacity to appreciate spending it. Patients incapable of doing their own shopping are provided with free issues of tobacco or sweets. Pocket money is issued in the form of cash when the recipient is considered capable of taking care of it but in tokens when this is not the case.

Trolley Service:

The Denbigh W.V.S. run a weekly trolley service at the Reception Hospital which meets the wants of patients still confined to bed.

Parole:

At the time of writing this Report, 81 men and 51 women enjoy parole outside the grounds of the Hospital, while 73 men and 7 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the Town being especially appreciated by the ladies.

Recreation:

Television. The chief innovation during the year has been the installation of several Television Sets in the Wards of the Main Building. Two of these were the gifts of relatives while four have been provided by the Patients' Television Fund, and I would place on record my great appreciation of the work done by the Members of the Committee of this Fund under the chairmanship of Dr. T. Gwynne Williams and with Miss Vera Ll. Jones as secretary.

The total sum raised was £450. This included donations from relatives, friends and outside organizations amounting to £150 and from the Staff of the Hospital £103. The balance came from the profits on dances, whist drives, etc.

Every Wednesday there is a Patients' Dance in the Main Hall and every Monday evening a Cinema Show. During the Winter months, Whist Drives and Billiards Tournaments are held. Sixteen concerts and five plays were presented during the year, including six concerts by the Council for Music in Hospitals.

In the Summer, patients are taken to the sea-side and to such local events as Sheep-dog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all home matches free of charge and to the Denbigh Branch of the British Legion who again arranged for a party of ex-Service Patients to attend a football match at Wrexham.

For the reason that it is not usually desirable for the Reception and Convalescent Patients to attend entertainments in the Main Building, separate provisions have to be made on their behalf. As it is important that those recovering from mental illness should be provided with suitable social interests, every effort has been made to fill each evening with one of such activities as play-reading, discussions, dancing classes and whist drives. We are indebted to the W.V.S. for running a weekly social which is very much appreciated and also to the W.E.A. who have arranged lectures on Sunday evenings.

OUT-PATIENT SERVICES

(1) Out-patient Clinics:

These clinics, held at General Hospitals, continue to provide facilities for the diagnosis and treatment of patients who do not require admission to a Mental Hospital. However, the attendances during 1953, although maintained, did not show the increase previously apparent each year since their inception.

In the case of Bangor, which is our oldest clinic, it is possible that the natural demands of the district have now been met, under existing circumstances. On the other hand, both Wrexham and Rhyl could well grow further were adequate premises and more consultant time available. At Dolgelley, a useful development has been the removal of the Clinic from the County Health Department to the Dolgelley General Hospital where more appropriate facilities exist.

Clinics are held at the following centres:—

Bangor	Caernarvonshire and Anglesey Hospital	Every Wednesday morning and afternoon.
Dolgelley	General Hospital	Fourth Tuesday in each month in afternoon.
Rhyl	Royal Alexandra Hospital	Every Thursday afternoon.
Wrexham	Maelor General Hospital	Every Friday morning and afternoon.

Table of Attendances:—

	First Attendances			All Other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor	183	201	384	203	458	661
Dolgelley	20	13	33	15	1	16
Rhyl	126	143	269	164	220	384
Wrexham	182	195	377	273	418	691

During the year, the following out-patients were seen at this Hospital:—

First Attendances			All Other Attendances		
Male	Female	Total	Male	Female	Total
14	20	34	48	115	163

The following are the figures of total attendances at all adult clinics during the past ten years:—

1944	304
1945	461
1946	576
1947	830
1948	1167
1949	1224
1950	1778
1951	2295
1952	2878
1953	2815

(2) **Domiciliary Visits:**

These are visits made at the request of General Practitioners for a consultation in the patient's own home. The usual reason for the request is that the patient is too ill to attend a Clinic.

The number of such visits made in 1953 was:—

Male		Female		Total
35	...	62	...	97

(3) **Visits to Patients in Hospitals in other Management Committee Groups**

Specialists on the staff at Denbigh may be required to attend at any Hospital in the following Groups:—

Group 12 (Caernarvon and Anglesey)
Group 13 (Clwyd and Deeside)
Group 14 (Wrexham)

The number of patients visited during the year in hospitals in these Groups amounted to:—

Male		Female		Total
27	...	64	...	91

(4) **Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948:**

During 1953, these numbered as follows:—

Male		Female		Total
6	..,	1	...	7

(5) **Psychiatric Social Worker Department:**

The two great functions of this Department are the obtaining of the necessary information about the background of a patient's breakdown and the affording of such guidance and assistance as may enable a patient to remain out of hospital.

Among the causes of a nervous or mental breakdown may be difficulties which the patient has had to meet either in his family life or at his work. In order to understand his case, it is important that these should be known.

The object of psychiatric treatment must include not only the relief of symptoms but the restoral of the patient to his place as a useful member of the community. A most critical period in a patient's treatment is that immediately following discharge when it may be touch and go whether he or she makes a successful re-entry into society or breaks down again under the stress of the attempt. It is then that the advice and support of a social worker is most valuable and can tip the balance favourably.

The Committee's Social Worker Staff is distributed thus:—

	Adult	Children
Psychiatric Social Workers	Mrs. Iolo Jones Mr. Marrington	Mr. Midwinter* Miss Pretty
Social Worker	Mrs. James Evans*	

*Welsh-speaking.

The following table gives details of work done with adults during 1953 (Dr. Simmons deals with the Child Guidance aspect in his Report).

The services rendered are indicated as follows:—

HV=Home Visit.

OV=Other Visit (Employer, G.P. Social Agency, etc.)

I=Interview in Hospital or O.P. Clinic.

These services are classified under two headings, according to whether they are the responsibility of the Board (Class I) or the Local Health Authority (Class II). In respect of Class II Service, the Management Committee receives payment from the Local Authority concerned.

Class I includes patients who are in hospital or attending an out-patient clinic for treatment or, in the case of certified patients, only are at home "on trial."

Class II. This class broadly speaking is in receipt of "after care." It includes all patients who have been discharged from hospital and in the case of certified patients also from certificate. It also includes out-patients who are no longer attending a clinic for treatment and also a small number of "pre-care cases," being patients referred from outside social agencies direct to the Department.

County	CLASS I							CLASS II									
	In-patients			Out-patients			Total	In-patients			Out-patients			Pre-care			Total
	HV.	OV.	I.	HV.	OV.	I.		HV.	OV.	I.	HV.	OV.	I.	HV.	OV.	I.	
Anglesey	19	28	13	22	10	3	95	30	7	–	3	1	–	3	3	–	47
Caernarvon	47	64	47	111	29	16	314	47	24	8	21	1	1	1	1	–	104
Denbigh	98	102	83	135	45	18	481	170	34	19	39	7	6	12	6	–	293
Flint	116	25	15	55	11	2	224	350	53	3	116	18	–	21	6	–	567
Merioneth	28	33	31	8	4	14	118	35	21	7	26	1	–	1	2	–	93
						Total	1232									Total	1104
Grand Total Class I and Class II—2336.																	

SENIOR STAFF CHANGES

Miss M. Cooper, Head Occupational Therapist, left on the 31st October to take up an appointment at West Park Hospital, Epsom.

Mr. J. Allen, Catering Officer, left on the 31st October and Mrs. K. O'Neill, Senior Assistant Matron, left on the 9th November.

CONCLUSION

I would take this opportunity to pay tribute to the work of my nursing, lay and medical colleagues whose co-operation and support I have highly valued.

To you, Mr. Chairman, Ladies and Gentlemen, I express my great appreciation of the courtesy and consideration which you invariably show me.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. H. O. ROBERTS,

Medical Superintendent.

Annual Report of the Visiting Consultant Psychiatrist on the Mental Deficiency Institutions

During the year there has been no major change in the M.D. work of the four Institutions administered by the Denbigh Mental Hospital Management Committee.

For some time there has been an alteration in the type of patient on the urgent M.D. waiting list in the Region. In former times a considerable proportion of patients were of the Feeble Minded and Imbecile type but recently there has been a great number of both low grade Imbecile and Idiot types and also high grade feeble minded with criminal records. Both of these types are unsuitable for small institutions.

Efforts have been concentrated on expanding the training and recreational facilities at the Institutions and any tendency to regard the Institutions as providing only custodial care has been resisted. All patients on licence have been reviewed and a number discharged.

Television has been installed in every Institution and the previously provided facilities continued—cinema every week, dances, football, cricket, Religious Services, one summer outing and a visit to a pantomime in the winter.

Th local General Medical Practitioners have contracts to visit Institutions either once or in some instances twice per week and I visit regularly and advise the Matron-Superintendents on specialised aspects of the work.

The Recreation Hall at Llwyn View is being enlarged and it will also be used for Occupational Therapy. A room for Occupational Therapy has been provided at Garth Angharad and one built at Coed Du Hall. A hut has been erected at Broughton and it is hoped to use it to provide better separation of patients.

To facilitate the interchange of training techniques, arrangements have been made for members of the staff at Garth Angharad, Llwyn View, and Coed Du to visit Hensol Castle and a teacher on a part-time basis has been engaged to instruct the patients at Llwyn View.

Dr. Vidor has carried out Psychometric Tests on patients at all the Institutions and her reports have proved to be of great value.

Because over three-quarters of the population of the Region is situated in South Wales and Monmouthshire, it is difficult to move patients from the South to Institutions in North Wales, even though they may be quite suitable for a small institution, because of parential objection to the distances, and cases are moved only with parental consent. It is becoming more and more difficult to find suitable cases to send to these small institutions when patients have to be sent to Hensol on an exchange basis because they cannot be managed elsewhere.

A review has been carried out of the staff requirements of each Institution and the final approval of the Regional Hospital Board is awaited before these new establishments can be implemented.

Last summer a number of patients from Llwyn View spent a short holiday at Criccieth with the Matron and it is hoped to extend this scheme to give as many patients as possible a short summer holiday.

Following are particulars of the patient population in the various Institutions:—

Institution	No. on Books	No. Discharged	No. trans. to other Inst'ns	No. on Licence	No. trans. to Guardian-ship	No. Died
Broughton	62 63	2	2	1	–	3
Coed Du	99 99	10	3	7	–	1
Llwyn View	66 73	4	2	2	–	2
Garth Angharad	62 73	1	4	9	–	–

The two sets of figures in the "No. on books" column refer to numbers at 1st January, 1953, and 31st December, 1953, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

It will be seen that the total movements of patients have been quite considerable for these types of Institution. The number discharged and on licence is commendable but it is disappointing that Local Authorities are so backward in accepting cases under Guardianship. A discharge rate of 17 out of a population of 308 in one year is satisfactory.

I wish to thank the Matron-Superintendents and Staff of the Institutions, Dr. Linford Rees, the Group Secretary, and his Staff, Dr. J. H. O. Roberts and his medical colleagues, Dr. T. B. Jones and the Staff at Hensol, and you, Ladies and Gentlemen of the Management Committee, for your kind help and co-operation.

(Sgd.) T. S. DAVIES,

Consultant Psychiatrist.

25th March, 1954.

Report of the Board of Control Commissioners on their visit to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, on 21st and 22nd April, 1953

North Wales Mental Hospital,

Denbigh.

22nd April, 1953.

Our visit to this Hospital has been one of great interest and informative in many respects. We would like to endorse the remarks made in the entry on behalf of our Board last June that this Hospital is progressive and that it is to be congratulated upon the manner in which it deals with its several problems both within the Hospital and with the work that descends upon the medical staff within its catchment area.

We are not having recourse to the last entry in relation to the Hospital's age or any particular deficiencies except to say that its main handicap is quite serious overcrowding on both sides.

The names of 1520 (758 male and 762 female) patients are upon the books: a very large proportion of these, namely 1252, are under certificates. During the year 1951 the direct admissions amounted to 851 (376 male and 475 female): of these 607 were on a voluntary basis and 17 on a temporary one. According to the figures placed before us the direct admissions tend to decrease; as during last year there were 814 (358 male and456 female): of these 565 and 15 were admitted as voluntary and temporary patients respectively.

The state of overcrowding on both sides of the Hospital in practice remains virtually the same as in June of last year. Dr. Roberts, the Medical Superintendent, discussed a number of subjects connected with the Hospital and some of these subjects we are reporting specially to our Board. The medical staff has two vacancies, one for a Junior Hospital Medical Officer and the other for a Registrar. All forms of modern treatment are available at this Hospital and as can be seen the turnover of patients compared with the basic size of the Hospital is high. Admissions still have to be restricted that is both certified and voluntary patients. This restriction can be said to be more of a delay than actual rejection in the large majority of cases as the medical staff of this Hospital liase closely with those responsible outside for direct admissions. The result is that patients are only admitted to this Hospital in a sense by way of selection. The out-patient clinics also serve as a good filter in this direction. This Hospital is also designated for the reception of short order cases.

A good deal of out-patient clinic work takes place. There are weekly out-patient clinics at Wrexham, Bangor, and Rhyl, and a monthly one at Dolgelley.

There are two qualified and one unqualified social workers on the staff of this Hospital who can be said to deal with its in-patients and any prospective psychotic patient who may need of either in- or out-patient treatment. Patients are seen at this Hospital for out-patient treatment by appointment.

Quite a number of minor improvements and additions have been carried out during the period under review. One which is of major importance is the erection of a hut which serves as a tailor's and shoemaker's shop, the remaining third being devoted for the purpose of a sewing room. The last mentioned object of this hut will relieve the day room of one of the already overcrowded wards which as yet has to be used as a sewing room.

Good attention is paid both to indoor and out of door recreations. Occupational therapy is well understood and good work is carried out both in the centres and in a number of the wards themselves.

Throughout our visit we found the various day rooms and dormitories well kept and as comfortable as the severe overcrowding in the main building will allow.

We had no complaints from the patients and we found them in the main building peculiarly tolerant of any handicaps with which they have to contend. Rewards to working patients have been recently reviewed. There are four main meals per day and we understand that a dietitian from the Ministry of Health has very recently visited for the second time. The weekly maintenance cost per head as last ascertained was £3/14/1.

The general health of the patients during the period under review can be said to be very satisfactory: there was a slight occurence of dysentery in September of last year but today nobody is suffering from any infectious disease other than tuberculosis. 22 men and 3 women are considered to be suffering actively from this disease. They are for the most part nursed on verandahs and their segration seems to be satisfactory. New sterilizing equipment is about to be installed and they have separate crockery. The chest physician visits in a consultant capacity. There has recently been a mass X-Ray on both patients and staff and the mantoux test is offered to the latter.

Since the 23rd June last year there have been 82 (40 male and 42 female) deaths: none calls for any comment except that three patients died from tuberculosis (two from pulmonary and one from tubercular meningitis). There have been 17 (10 male and 7 female) casualties: all involved fractures of bone but were accidentally sustained except in the case of two where the cause was undetermined.

The numbers of both male and female nursing staff for these days is satisfactory. The male nursing staff numbers 127 and the female nursing staff 128: 44 of the latter are on a part-time basis. We consider the relations existing between patients and staff to be good.

Among the various matters discussed was the Criminal Justice Act (1948) whereby a Court can make a Probation Order with the consent of the prisoner

that he shall reside in a mental hospital, as a voluntary patient. The rights of the voluntary patient after reception to approach the Probation Officer to have his Order varied or discharged are well understood as also the fact that the medical staff, if they consider the mental hospital, as such, can do no more for this type of voluntary patient, should approach the authorities for the same purpose.

This Hospital has a modern admission unit with its treatment centre and operating theatre. The Hospital has the service of consultants in the major branches of medicine and surgery. Any emergency operation can be performed at one of the two local general hospitals.

The laboratory which is under the direction of Dr. Evans as yet still has no technical assistant but good work is carried out and includes examinations to determine any likelyhood of infection in either dysentery or typhoid groups. The organisms are tested of all new admissions and there is a follow up at regular intervals on any one who has been known to have suffered from dysentery or typhoid.

In conclusion, we would like to thank Dr. Roberts, the heads of departments, and others, for the assistance given to us and the arrangements made during our visit.

JOHN C. RAWLINSON

R. G. ANDERSON

Commissioners of the Board of Control.

North Wales Child Guidance Clinics

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1953

Mr. Chairman, Ladies and Gentlemen,

It gives me great pleasure to present the Report of the North Wales Child Guidance Clinics for the year 1953.

A. INTRODUCTION

There have been no major changes in the activities of the clinics during the year under review.

The total volume of work carried has been much the same as last year despite continued shortage of personnel and despite a number of changes in the staffing of the clinics.

Improvements which had been expected to come about in working conditions at the Colwyn Bay and Bangor Clinics failed to materialise. Minor difficulties at the Wrexham Clinic also remained unremedied. This compelled us to pay excessively, in time and energy, to maintain a reasonable standard of work.

Diagnostic waiting lists were relatively short but treatment vacancies occurred at very lengthy intervals only. This has been so for many years now.

At the time of writing this report it is known that very adequate premises will become available for use as a central office and clinic at Colwyn Bay, and that we shall be able to occupy these about the middle of 1954.

B. GENERAL DISCUSSION

In the following I would like to draw your attention to some of the considerations which guide us at the clinics, and to mention some of the more important matters which have exercised our minds during the year.

1. Problems for which children are referred to Child Guidance Clinics.

As a rule children come to us when someone is worried about them.

Sometimes a mother is distressed by her child's intractable behaviour, his nightmares or his lack of success in school. At other times a teacher seeks guidance because a pupil is unable to fit into the life of his class or fails to make progress scholastically although his backwardness cannot be explained by dullness. In yet another instance a Court may refer a child who has surprised all who knew him by behaviour quite out of keeping with his usual ways.

A later table shows the wide range of disturbances for which children are referred to us. The referral causes as such do not however tell us a great deal with regard to the true nature and severity of the conditions with which we may have to deal. There are many reasons for this.

Children react to similar stresses in different ways. School failure may lead to truanting in one instance and to stealing in another. A minor physical injury may cause one child to complain of persistent headaches while another may start to walk in his sleep. The child's own make-up, his experiences in the past, and the circumstances in his present environment are likely to be the factors responsible for different types of reaction.

We also have to remember that there are marked differences in the standards which are set for children, and in the ability of parents and others to tolerate unusual behaviour. Thus one mother may be very worried because her child has food fads yet she may be relatively undisturbed by his persistent bed-wetting. Another mother treats temper tantrums as unavoidable irritations but fears for her child's future when he indulges in the minor pilfering common at a very young age.

Another point, not least in importance, has to be considered here. A great deal depends on whether or not parents, doctors, or teachers, are prepared to accept psychological causes as a likely basis for disturbed behaviour. It is known that some areas are "clinic conscious" while others are not, and whether they are one or the other depends largely, one feels, on the attitudes of those who guide their fellow citizens when they seek advice.

Factors such as these determine whether and when a child is referred to us, and on the combination of them depends the meaning which a given symptom may have in the total picture.

2. Need for full investigation.

It will be clear that we need to examine each child as carefully as possible. Our aim is to determine where he differs from others of his own age and background, and where he is like them. We can then assess the importance which is to be attached to the various aspects of his behaviour, i.e. we shall be in a position to make a diagnosis.

As in other branches of Medicine an accurate diagnosis has to be made before the most appropriate form of treatment can be recommended.

We proceed from the assumption that the child's "total behaviour" is determined by two broad sets of factors: those working from within him (health, intelligence, emotional assets) and those exerting their influence from without (attitudes and beliefs—social, religious and cultural—and material circumstances of home, school, and the wider community).

We recognise the difficulties in the way of obtaining a complete picture of the complex structure of the child and of his environment, and even more so, of the result of their interaction. We think, however, that we can learn a great

deal by examining as many facets as may be open to investigation of the child's personality structure, his past experiences, his present state, etc., and by approaching in a similar fashion people in his home and general environment.

It would not be possible for one worker to deal with so arduous a task or to cover so wide a field, and it is of course known that Child Guidance Clinics gather under one roof three specialists—Psychiatrist, Psychologist, and Psychiatric Social Worker—to deal with the medical-psychiatric, the psychological-educational and the domestic-social aspects which each clinic case presents.

We use well tried methods of investigation—just as a surgeon uses special instruments and special skills when operating. The form and manner in which the Psychiatric Social Worker obtains a "social history," the standardised procedure which the Psychologist employs in the conduct of her examinations by means of intelligence tests, the introduction of the child to a well equipped playroom as part of the diagnostic procedure of the Psychiatrist, are examples of the special techniques on which we depend in our work.

3. **Treatment**

The term treatment is applied to any measures which may be taken to improve the physical, psychological or intellectual standing of a child. Such measures may be directed mainly towards the child, mainly towards his environment, or—and this is the most common—towards both.

The form which treatment takes depends on the nature of the difficulties with which we have to deal.

(a) *Emotionally Handicapped Children.*

The majority of children who are seen fall into the emotionally handicapped group. It is important to realise that only a small proportion of them need to attend for treatment at the clinic. The following are some of the reasons:—

Sometimes, after investigations have been completed, one or two discussions between the mother and the Psychiatric Social Worker are all that is needed.

With under-fives it is often possible for the Psychiatric Social Worker to carry out treatment "through the mother." Interviews may take place at a clinic but, at present, the Psychiatric Social Worker usually visits the child's home. She discusses matters with the Psychiatrist as required but the child may not need to attend at the clinic again.

Often, further help can best be given through other social agencies and their workers. We take every available opportunity to discuss our findings and recommendations with Children's Officers, Probation Officers, Matrons of Homes and others who refer or initiate referrals.

There are also those children who, it is thought, require long-term environmental treatment and rehabilitation in hostels or schools for maladjusted children. As a rule several attendances are required before investigations are complete and a recommendation can be made, but after that we can do no more than maintain occasional contact with the parents.

The children who come to the clinics for treatment attend for periods varying from a few months to a year or a year and a half, and even longer. They come once a week, as a rule, and in most instances the Psychiatric Social Worker interviews the mother while the Psychiatrist sees the child.

(b) *Educationally Handicapped Children.*

The position in respect of the smaller number of educationally handicapped children is different. There, the clinics have, until now, acted mainly as diagnostic centres and we have been required only to make recommendations with regard to the most appropriate form of action which the Education Authorities might wish to take. Treatment, in the form of remedial teaching, has been available for only a very few children.

Matters appertaining to this are referred to in greater detail in a later contribution to this report by Mrs. Celia Williams, our Educational Psychologist, and also in the following paragraph.

4. Scope of the Clinics.

The terms "Emotionally Handicapped" and "Educationally Handicapped" are used in this report to indicate our view that the children referred to were suffering as a result of mainly emotional or mainly intellectual difficulties. The two groups tend to overlap because disturbance in one or other sphere of a child's activities reflects itself readily in the remaining ones. Thus a bright child may become a scholastic failure as a result of emotional difficulties, and a dull child may show behaviour difficulties because he cannot cope with the demands which school makes on him.

Because of this it is generally thought that no sharp line should be drawn between the two groups, and the *diagnostic* facilities of the clinics have always been available to both. In practice, from 25%—40% of the annual new referrals have fallen into the educationally handicapped group.

The position has been different in respect of *treatment* facilities, and there most of our efforts have always been directed towards the emotionally handicapped child. The growth of the clinics from roots in the medical-psychiatric services of the area has determined this "psychiatric orientation," and the fact that only part-time Educational Psychologists were available set very definite limits to any developments which might have been thought desirable.

During the last few years, however, there has been an increasing recognition, everywhere, of the importance of the group of educationally handicapped children, and of the need to provide for the thorough investigation and treatment of its members. While the largest part of this work will always be carried out by Education Authorities and their staffs, there is a definite contribution which Child Guidance Clinics can make towards the solution of the many problems which the group presents.

In this area, too, it seems to be felt that there is a need for a more comprehensive service, and that this might be built up most effectively and most economically by extending the facilities available at the existing clinics.

5. **Staffing**

During the year the Regional Hospital Board agreed to add a Registrar in Psychiatry to the establishment of the clinics. Unfortunately the post could not be filled and I had to continue working singlehanded—for the fourth successive year.

The Board also agreed that a full-time Psychologist was required to deal with matters appertaining to her speciality within the service. Mrs. Celia Williams was appointed to the new post and took up her duties on 1st April, 1953. Dr. M. Vidor who had given part of her time to the clinics since 1945 and who during the latter years had attended at the Rhyl and Wrexham centres could, as a consequence, be released for full-time work at the Hospital.

A further change resulted from the appointment of Miss J. Wiggins, Senior Psychiatric Social Worker, to a post at the West London Hospital, Hammersmith, London. Mr. J. S. Midwinter, a member of the clinic staff here since 1950, was appointed to the senior post, and the resulting vacancy was filled by Miss M. K. Pretty.

Mr. T. R. Miles, Assistant Lecturer in the Department of Education, University College, Bangor, who, in an honorary capacity, had given us a weekly session as Educational Psychologist at the Bangor clinic, left in June, 1953. He is undertaking a course of special training in the Child Guidance Department of the Tavistock Clinic, London. He will return to his post at the College in due course, and we hope we shall have the benefit of his services again at the clinic.

Dr. Rogers and Mr. W. R. Jones, both lecturers in the Department of Education, University College, Bangor, have continued to attend once weekly.

At this point it might also be mentioned that a request, since granted, was made to the Board for the establishment of a "Play Therapist" post. Play Therapists are highly trained and experienced non-medical workers who, under the general direction of the Psychiatrist, carry out the treatment of children. Such a worker might be extremely valuable here. Unfortunately their numbers are very small and only a few of them have found working conditions in the provinces sufficiently attractive to take up posts there.

The disposition of staff as it was in the latter part of the year is shown in the following table.

Table 1

Town & Day	Session at	Psychiatrists	Psychologists	Psychatric Social Workers
Bangor Every Wednesday	10 a.m.	Dr. E. Simmons	Dr. J. Rogers Mr. W. R. Jones	Mr. J. Midwinter
	2 p.m.	Dr. E. Simmons		Mr. J. Midwinter
Colwyn Bay Every Monday & Saturday	10 a.m.	Dr. E. Simmons	Mrs. C. Williams as required	Mr. J. Midwinter
	10 a.m.	Dr. E. Simmons		Mr. J. Midwinter
Rhyl Every Thursday	10 a.m.	Dr. E. Simmons	Mrs. C. Williams	Miss M. K. Pretty
	2 p.m.	Dr. E. Simmons	Mrs. C. Williams	Miss M. K. Pretty
Wrexham Every Friday	10 a.m.	Dr. E. Simmons	Mrs. C. Williams	Miss M. K. Pretty
	2 p.m.	Dr. E. Simmons	Mrs. C. Williams	Miss M. K. Pretty
Dolgelley One session on 3rd Tuesday of month		Dr. T. G. Williams	Mr. W. R. Jones	Mr. A. Marrington

NOTE: Dr. Williams, Mr. W. R. Jones and Mr. Midwinter are Welsh-speaking.

This table shows clearly how slender our resources are. Dr. Rogers and Mr. W. R. Jones are available for one session per week only. They do not carry out school visits or similar duties. The staff of the Dolgelley Clinic is not available for work elsewhere, and there is no relief in cases of holiday or sick leave. This means that four clinical workers carry the main burden of four weekly clinics, and of the "office work," and a great deal of their time and energy is taken up by travelling to clinics and visiting homes and schools, distances amounting to 150 to 250 miles per week for each one.

I feel that these points should be recorded here. Not infrequently we gather information which indicates that referring doctors, teachers, and others, are irritated by the delays which occur in our dealing with matters which to them appear of considerable urgency. They and parents find it difficult to understand, for instance, why no vacancy has been offered, months or even a year after treatment at a clinic has been recommended, or why, long after a child has been examined, no-one from the clinic has called at his school to discuss our findings with his teachers.

When we hear of matters of this kind we make every effort to establish a personal contact. We can then explain that delays in the sending of reports, for instance, are bound to occur if there has been unusual pressure of clinical or administrative work on the Psychiatrist; that the Psychologist and the two Psychiatric Social Workers have only two days per week during which to maintain their contact with homes, schools, and other social workers, in the four counties which have weekly clinics, etc.

We believe that there is a great deal of goodwill towards our work. We also realise, however, that this may well be outweighed in due course by the feelings roused by our inability to help when help is requested. Over the years there has been a steady and increasing demand for the type of service which the clinics offer. There has been virtually no change in the total worker-time available to meet the demand.

As indicated in the early part of this paragraph, every effort has been made to secure staff. It is unfortunate that, even when the establishment permits increases, it is often impossible to engage suitable workers. Other clinics have similar difficulties, of course, and it is well known that there is a serious shortage of psychiatric staff, medical and non-medical, in all areas of the country, excepting perhaps the teaching centres.

In North Wales we are relatively far removed from the "seats of learning." It is difficult, too, for us to keep in touch with the workers of other Child Guidance Clinics. We have been fortunate, beyond reasonable expectation I believe, in securing fully qualified staff who are willing to accept the responsibilities which widely separated clinic centres, homes, and schools impose on us. We cannot assume that we shall be equally fortunate in the future. We are competing with clinics which operate from a single centre, which provide facilities for research, and which in addition may offer the social, intellectual, and cultural opportunities of a large town.

We shall be able to attract suitable staff only if we can offer them a high standard of professional work and opportunities to expand their knowledge and their skills. On this point, it seems to me that we should aim, among other things, at creating conditions which would allow each worker to reflect on his activities free from pressure of cases, and to maintain a steady contact with his co-workers and others in allied fields.

I would feel that as a result the contribution which each one of us could make would be enhanced and that our efforts would be spread over the widest possible field. While we would thus improve the quality of service we can give we would, incidentally, be offering present and prospective workers a most valuable incentive.

C. WORK OF THE EDUCATIONAL PSYCHOLOGIST

As has been said, this is the first year during which the clinics have had a full-time Educational Psychologist, working as a member of the teams but also generally responsible for the work of her speciality within the service. I am grateful to Mrs. Williams for the following observations on her work.

" The various aspects of the work of the Educational Psychologist in the North Wales Child Guidance Clinics can, I think, be most conveniently discussed under five main headings:—

1. Intelligence Testing.

There is a definite distinction between the method and purpose of intelligence testing as carried out in the clinic setting, and that carried out by teachers and others in schools.

In schools Group Tests are used as the most practicable way of sorting children into broad groups according to their intellectual standing. However, while the results of a group test show, for instance, which children are dull, they cannot show whether in a particular case certain aspects only of intellectual functioning are inferior, or whether there is uniform dullness. Nor can they indicate if some specific disability, or excessive anxiety, or even intentional failure, have produced an Intelligence Quotient (I.Q.) figure which is below the child's potential. On the results of a group test one can say with a fair degree of certainty that no child's ability will be *over*-estimated by his I.Q. figure; but, for the reasons mentioned above, it is far less safe to assume that no child is *under*-estimated.

At the clinics, therefore, we use Individual Intelligence Tests, with the aim of discovering on the one hand the child's highest potential level (e.g. verbal, practical, etc.), and on the other, any particular areas in which he is handicapped —either by a specific defect or by some other factor. The tests chosen vary from child to child. A non-verbal test will be given to a child who is retarded in speech development or is a poor verbaliser, to a deaf child, or to a monoglot Welsh child (in whose case verbal tests, given either in Welsh or in English, cannot be relied upon to give an accurate assessment of intelligence). A performance test will usually be given before any other to children whose marked school failure has made them resistant to working with pencil-and-paper. The occasional spastic child seen at the clinic requires a test where neither speech facility nor muscular control is needed for success. A blind child must be tested with a special adaptation of the Binet . . . and so on.

When the selected test or tests have been given the results have to be carefully analysed. Often it is found that additional intelligence tests should be given. In other instances diagnostic attainment tests are needed to throw further light on the problem for which the child was referred. In some cases of emotional disturbance, scrutiny of the test results gives valuable diagnostic indications.

It will be gathered from what has been said that it would not be considered justifiable to give a child "a test" and when quoting the result in terms of an I.Q. figure to suggest that this figure represented all that could be said about his intelligence. The I.Q. figure is a convenient form of stating what a child achieved in a given intelligence test, but it is only that. It follows, therefore, that the major contribution of the psychologist working in a clinic may, perhaps, best be described as "making a reliable assessment of the reasons—intellectual or emotional—for the child's successes and failures in the test given, and of his probable ability to cope with life situations of various kinds, as suggested by his performance in these tests."

2. **Personality Testing.**

The main purpose of giving Personality Tests is to throw light on the child's personality-structure; to give information on his capacity for forming relationships, on his characteristic reactions in situations which make him anxious, and so on. Often such tests give information of clinical value which is not readily obtainable by other procedures.

Administration and interpretation are necessarily time-consuming, and for this and other reasons our policy has been to give personality tests wherever possible to the following selected cases:—

(i) children presenting special difficulties in diagnosis;
(ii) those accepted for psychiatric treatment, and
(iii) all those referred through the Courts.

The Personality Test mainly used at our clinics has been the Rorschach.

3. Remedial Teaching

Children may be backward for many reasons. Those with low intelligence can naturally not be expected to attain an educational age exceeding their mental age. Others may be backward due to long absences from school through illness, or due to physical factors such as poor eyesight or hearing, and these may be expected gradually to make up lost ground. Backwardness may also be caused by more specific defects (in, e.g. the auditory or visual memory), and such cases present diagnostic difficulties which need to be investigated by suitable tests. All these groups need special help, and this is generally provided by the schools.

Children for whom remedial teaching in our clinics is particularly intended are those whose Educational Age is substantially lower than their Mental Age, and where emotional factors rather than any of those mentioned above, are considered to be the major cause of retardation. Such children respond to reassurance, freedom from the competitive atmosphere of the classroom, and an approach to their scholastic failure which is modified by a consideration of the particular emotional difficulties which investigation at the clinic has revealed. As a rule, such remedial teaching in the clinic is carried out for a comparatively short period only, and once the child has been "started off on the right foot" again, the help which he can be given in his school is usually sufficient to bring him up to standard.

4. School Visits

School reports are received from head teachers in most instances, but personal contact with the schools by means of visits often yields valuable additional information, and allows for an exchange of views on the individual child and on more general problems.

We feel that it would be helpful if a school visit could be paid in respect of every child referred, unless the parents were unwilling for this to be done. At the moment, however, time and the distances involved make this impossible. An effort is therefore being made to pay school visits in the following cases:

(i) all children who are accepted for treatment,
(ii) those where the problem is particularly related to the child's school life, and
(iii) children in need of placement in hostels or schools for maladjusted children.

Table (9b) gives details of school visits. Occasionally it has been possible to visit a school more than once; whenever possible one visit has been made to cover more than one child from the particular school.

5. Vocational Guidance

In a few cases, children have been seen about problems concerning their careers. Bearing in mind the child's scores in intelligence, attainment and special aptitude tests, and his particular emotional make-up, we discuss with him the sort of work for which he appears to be suitable. We then advise him to consult the Youth Employment Officer about training facilities and/or employment openings that may be available.

Youth Employment Officers, whenever they have been visited, have been most helpful, and it is felt that this kind of liaison between the clinic and the Youth Employment Service can be of real use, and should be extended.

6. Details of the Year's Work

Details of the manner in which individual children have been dealt with are as follows:

Table 2

		Analysis No. of Children dealt with by:—			
	Total No. of Children	Intel. Tests	Rorschach Pers. Test	Vocatl. Guide	Remed. Teachg.
Intelligence (+ Attainment) tests	133	133	–	–	–
,, ,, +Rorschach	13	13	13	–	–
,, ,, +Vocational Guidance ..	3	3	–	3	–
,, ,, +Remedial Teaching ...	1	1	–	–	1
,, ,, +Rorschach & Remedial Teaching ...	1	1	1	–	1
Rorschach Test only	9	–	9	–	–
Vocational Guidance only	1	–	–	1	–
,, ,, +Remedial Teaching	1	–	–	1	1
Rorschach+Vocational Guidance ...	1	–	1	1	–
Totals	163	151	24	6	3

Statistics relating to the work carried out during the year are given in the main body of the Report."

D. INFORMATION AND DATA IN RESPECT OF CHILDREN

1. Sources of Referral

The following table will give a picture of the extent to which the Service was used by various agencies. All children referred during 1953 are included.

Table 3

Referring Agency	COUNTIES					
	Anglesey	Caerns.	Denbs.	Flints.	Merion.	Total
School Medical Officers	13	42	31	4	7	97
General Practitioners	3	8	9	5	3	28
Consultant Pædiatricians	2	6	12	2	–	22
Other Medical Specialists	–	1	3	6	–	10
Courts and Probation Officers	–	1	4	8	–	13
Other Social Workers	–	2	3	–	–	5
Parents	–	–	5	3	–	8
All Agencies	18	60	67	28	10	183

Note: Not all the children who are referred are subsequently examined at the clinics. During this year the attendance of twenty, to whom appointments were offered, could not be secured. The referrals of a further eleven were cancelled before they could be invited to attend.

A home visit is usually paid by a Psychiatric Social Worker if the first or second appointments are not kept and this enables many parents to come when a further interview is arranged. The number of visits which can be paid for this purpose is limited by the already heavy demands on the time of the Psychiatric Social Workers.

2. Causes of Referral

In the following table the main symptoms as stated by the referral agencies have been listed. All 1953 referrals are included.

Table 4

Behaviour, difficult and aggressive (19), beyond control (5), violent tempers (2)	26
Pilfering and stealing (9), pilfering and stealing with other symptoms (4), larceny (8), sexual misbehaviour (2)	23
Enuresis (15), Enuresis with other symptoms (10), soiling (1), soiling and behaviour difficulties (2)	28
Temper tantrums (4), excitable, sulky (4), emotionally retarded, maladjusted (2), feeding difficulties (1), excessively nervous (6), nervy and shy (3), moody and crying (2). fear of the dark (2), habit spasms (2)	26
Various pains, no organic cause found	6
Sleep disturbances (3), sleep walking (3), nightmares (2)	8
Asthma (1), stammer (1), other speech defects (4)	6
Serious physical defect or injury	3
For guidance on career	1
School, refusal to attend (5), run away (2), truanting (2), difficult behavious (1)	10
Specific learning disabilities	4
Backwardness (10), backwardness with other symptoms (3)	13
For assessment of intelligence (25), To determine educability (2), extremely backward (2) ...	29
	183

3. Age and Intelligence of Children

(a) Ages and Intelligence of 93 boys and 58 girls examined during 1953.

Table 5

County of origin	Ages	Intelligence Quotients: Boy —54	Girl —54	Boy 55—69	Girl 55—69	Boy 70—84	Girl 70—84	Boy 85—99	Girl 85—99	Boy 100—114	Girl 100—114	Boy 115—129	Girl 115—129	Boy 130 & over	Girl 130 & over	Boy Assumed	Girl Assumed	Boy, Girl, Both Totals		
Anglesey	under 5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	– Aver.	1	–	1	1
	5— 7	–	–	–	–	–	–	–	–	2	–	–	2	–	–	–	–	2	2	4
	7—10	1	–	–	–	2	–	–	1	1	1	–	–	–	–	–	–	4	2	6
	10—12	–	–	–	–	–	1	2	–	–	1	1	–	–	–	–	–	3	2	5
	12—15	–	–	–	–	–	–	1	1	–	1	–	–	–	–	–	–	1	2	3
	over 15	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
		1	–	1	1	2	1	3	2	3	3	1	2	–	–	–	1	11	10	21
Caerns.	under 5	1	2	1	–	–	–	–	–	–	–	–	–	–	–	1 Super.	–	3	2	5
	5— 7	1	–	–	2	1	–	1	–	–	1	–	–	–	–	1 V. dull	–	4	3	7
	7—10	–	–	–	–	4	–	1	1	4	1	–	–	–	–	–	–	9	2	11
	10—12	1	–	–	1	2	1	2	–	1	1	1	–	–	–	–	–	7	3	10
	12—15	–	–	3	2	4	1	1	2	3	–	–	–	–	–	–	–	11	5	16
	over 15	1	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	2	1	3
		4	2	5	5	11	2	5	3	8	3	1	–	–	1	2	–	36	16	52
Denbigh.	under 5	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
	5— 7	–	3	1	–	–	–	1	1	–	–	–	–	1	–	–	–	3	4	7
	7—10	–	–	–	1	–	1	2	1	2	1	1	1	–	–	1 Aver.	–	6	5	11
	10—12	–	1	–	–	3	1	2	–	3	3	–	2	–	1	–	–	8	8	16
	12—15	1	–	1	–	2	–	2	2	2	–	1	–	–	–	– Aver.	1	9	3	12
	over 15	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–	–	1	2	3
		1	5	2	1	5	2	7	4	7	5	2	3	2	2	1	1	27	23	50
Flints.	under 5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	5— 7	–	–	1	–	–	–	1	–	–	–	–	–	–	–	1 Inedu.	–	3	–	3
	7—10	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
	10—12	–	–	–	–	–	–	2	1	1	1	–	–	–	–	–	–	3	2	5
	12—15	–	–	–	–	1	–	–	1	3	–	–	–	–	–	–	–	4	1	5
	over 15	–	–	1	–	2	–	–	–	–	1	–	1	–	–	–	–	3	2	5
		–	–	2	–	3	–	4	2	4	2	–	1	–	–	1	–	14	5	19
Merioneth.	under 5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1 Dull	–	1	–	1
	5— 7	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
	7—10	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	1	1	2
	10—12	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1
	12—15	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	2	2
	over 15	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1 Aver.	1	1	1	2
		–	–	–	1	–	2	2	–	1	–	–	–	–	–	2	1	5	4	9
Totals	All Counties	6	7	10	8	21	7	21	11	23	13	4	6	2	3	6	3	93	58	
		13		18		28		32		36		10		5		9				
		59						83								9		151		

(b) Some Comment on Referral Ages.

It will be noted that the numbers of children in the two lower age groups were small and that, in addition, only a few of them were of average or above average intelligence.

We feel that this is, at least partly, due to a reluctance to refer young children. It is true, of course, that the processes of maturation aid in the healing of emotional hurt. It is, however, widely held now that many of the behaviour and personality difficulties of older children and of adults have their roots in events in early childhood—and that much suffering and wastage might be prevented by treatment then.

General Practitioners, Paediatricians, and School Medical Officers, and the non-medical staffs working with them, are doubtlessly in the most favourable position for discovering early difficulties, and for dealing with them. We know that it is agreed that the clinics also have a contribution to make. We feel, however, that the numbers of young children on whom we are consulted is unduly small and we hope that in the coming years this may change. It may well be that this is the most important field for preventive work in relation to nervous and mental ill-health.

(c) Value of Test Results in Relation to Education.

The scholastic success likely to be achieved by children in the different I.Q. Ranges used in Table 5 may be gathered from the following:

I.Q. Under 55 ..	Unlikely to benefit from education in the sense in wihch this word is usually used. Require training in occupation centres.
55—69	Likely to benefit from teaching in special schools.
70—84	Likely to benefit from teaching in special classes.
85—114	Of low average, average, and high average ability.
115—129	Of superior ability.
Over 130	Of outstanding ability.

It might be stressed again that emotional difficulties prevent many children of good intelligence from achieving scholastic success, and also that many less well-endowed children find themselves in difficulties because their intellectual weakness is unrecognised and undue demands are made on them.

E. DIAGNOSES

The total number of new referrals seen at the clinics during 1953 was 151. Of these 15 had been on the waiting list on 31/12/52 and the others were newly referred during 1953. In the following table they are arranged in broad diagnostic categories.

Table 6

1. Emotionally Handicapped Group:		
Behaviour disorders with or without neurotic or antisocial traits	44	
Disturbances of adolescence with/without neurotic or antisocial traits	10	
Neurotic illness	35	
Antisocial Character Structure	3	
Severe disorders of personality, including psychosis	2	
	—	94
2. Intellectually/Educationally Handicapped Group:		
Educationally Sub-normal	25	
Borderline "Educable-Ineducable"	6	
"Ineducable"	6	
Special Ed. difficulties (of average or higher intelligence)	9	
Gross physical defect or injury (educable 3; ineducable 2)	5	
	—	51
3. Others		
"Normal" child	5	
Diagnosis incomplete	1	
	—	6
TOTAL		151

F. STATISTICS OF ATTENDANCES

In the tables which follow figures are given in respect of—

(1) the numbers of *individual children* whose cases were dealt with during the year (excluding "correspondence only" cases), and

(2) the numbers of *attendances at clinics* which were recorded and of *visits* to homes, schools, and other social agencies which were made.

Table 7

Numbers of **Individual Children** dealt with by the service through one or more of its clinical workers.

Clinic	First Dealt With During 1953					First Dealt With Before 1953					Total
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	
Bangor	24	58	1	–	1	9	19	2	–	–	114
Colwyn Bay	–	4	9	–	–	–	2	7	–	–	22
Dolgelley	–	–	–	–	7	–	–	–	–	2	9
Rhyl	–	–	8	19	–	–	–	–	18	–	45
Wrexham	–	–	45	2	1	–	–	25	–	–	73
All Clinics	24	62	63	21	9	9	21	34	18	2	263

Note: (1) The number of children dealt with is larger than might be suggested by the figures of any one worker. The explanation lies in the fact that not every child is seen by the full team. For instance, educational cases may be dealt with entirely by the Psychologist, and those of very young children by the Psychiatric Social Worker. As a consequence the children making up the totals of tables 8-10 also are not identical, although most of them appear in the figures of each one of the three workers.

(2) All but two of the children given under Colwyn Bay were originally examined at the Bangor or Rhyl Clinics. This applies to all the following tables.

(3) The number of children on the diagnostic waiting list on 31/12/53 was 15.

Table 8

Refers to work of the **Psychiatrists.**

Clinic	First Attendances (Referrals)					Further Attendances (Re-exam's, Treatments)					Number of Attendances		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	12	24	1	–	1	4(2)	13(7)	23(3)	–	–	38	40	
Girl	8	14	–	–	–	20(3)	9(5)	–	–	–	22	29	129
Colwyn Bay													
Boy	–	3	4	–	–	–	63(3)	24(3)	–	–	7	87	
Girl	–	1	3	–	–	–	19(1)	8(3)	–	–	4	27	125
Dolgelley													
Boy	–	–	–	–	5	–	–	–	–	–	5	–	–
Girl	–	–	–	–	2	–	–	–	–	2(2)	2	2	9
Rhyl													
Boy	–	–	2	14	–	–	–	2(1)	87(10)	–	16	89	
Girl	–	–	5	2	–	–	–	17(2)	–	–	7	17	129
Wrexham													
Boy	–	–	23	–	–	–	–	145(16)	–	–	23	145	
Girl	–	–	11	2	–	–	–	39(5)	3(2)	–	13	42	223
All Clinics	20	42	49	18	8	24	104	258	90	2	137	478	615

Notes: (1) The figures in brackets refer to numbers of individual children.

(2) The table refers to children only. As a general rule a parent is also interviewed on at least one occasion.

(3) Two visits (Hospital, Home) are included.

Tables 9a and 9b

Refer to work of the **Educational Psychologists.**

Table 9a

AT CLINICS													
Clinic	First Examination					Further Examinations					No. of Examinations		
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	12	30	1	–	1	–	3(2)	1	–	–	44	4	
Girl	8	21	–	–	–	8(3)	–	–	–	–	29	8	85
Colwyn Bay													
Boy	–	3	3	–	–	–	1	1	–	–	6	2	
Girl	–	3	1	–	–	–	–	–	–	–	4	–	12
Dolgelley													
Boy	–	–	–	–	2	–	–	–	–	–	2	–	
Girl	–	–	–	–	3	–	–	–	–	–	3	–	5
Rhyl													
Boy	–	–	3	13	–	–	–	1	11(2)	–	16	12	
Girl	–	–	5	2	–	–	–	–	–	–	7	–	35
Wrexham													
Boy	–	–	25	1	–	–	–	18(11)	–	–	26	18	
Girl	–	–	10	–	–	–	–	6(2)	–	–	10	6	60
Totals	20	57	48	16	6	8	4	27	11	–	147	50	197

Note: (1) Included in the above table are:

(a) *Remedial Teaching*—1 Flintshire and 2 Denbighshire children (16 attendances).

(b) *Vocational Guidance*—2 Denbighshire, 1 Flintshire, and 3 Caernarvonshire children (11 attendances).

(2) A small number of patients have been seen on behalf of the Adult Psychiatric Out-Patient Clinics, viz.: 6 for intelligence testing and 1 for personality testing.

Table 9b

NOT AT CLINICS								
Type of Visits		County of Origin					Private Schools	Visits Totals
		Angl.	Caern.	Denbs.	Flints.	Mer.		
School Visits	No. of schools visited	6	7	14	3	–	3	
	No of children discussed	10	12	21	4	–	4	
	No. of visits paid	6	11	16	3	–	3	39
Visit to Y.E.O.	No. of visits paid	–	3	3	–	–	–	6
Visit to a Home		–	1	–	–	–	–	1
and a Hospital		–	–	1	–	–	–	1
School visits by P.S.W.'s paid in early part of 1953	No. of visits paid	1	3	9	2	–	–	15
					Total No. of Visits			62

Note: (1) School visits are normally a responsibility of the Educational Psychologist. Before Mrs. Williams' appointment they were, by force of necessity, paid by Miss Wiggins and Mr. Midwinter.

(2) It may be of interest here to say that there are 612 schools (excluding private schools) in the area.

Tables 10a and 10b

Refer to work of the **Psychiatric Social Workers.**

Table 10a

AT CLINICS

Clinic	Interviews with Parents, Guardians, other Social Workers, etc.										Totals		
	First Interviews					**Further** Interviews							
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Mothers	19	33	1	–	1	18(6)	23(13)	21(3)	–	–			
Fathers	–	1	–	–	–	–	1	–	–	–			
Others	–	1	–	–	–	–	1	–	–	–	56	64	120
Colwyn Bay													
Mothers	–	3	6	–	–	–	20(3)	25(3)	–	–			
Fathers	–	–	–	–	–	–	9(1)	1	–	–			
Others	–	1	–	–	–	–	–	–	–	–	10	55	65
Dolgelley													
Mothers	–	–	–	–	7	–	–	–	–	2			
Fathers	–	–	–	–	–	–	–	–	–	–			
Others	–	–	–	–	–	–	–	–	–	–	7	2	9
Rhyl													
Mothers	–	–	7	14	–	–	–	2(2)	71	–			
Fathers	–	–	1	–	–	–	–	–	11(9)	–			
Others	–	–	–	1	–	–	–	–	–	–	23	84	107
Wrexham													
Mothers	–	–	30	–	–	–	–	142(20)	–	–			
Fathers	–	–	1	–	–	–	–	1	–	–			
Others	–	–	1	–	–	–	–	–	–	–	32	143	175
Totals	19	39	47	15	8	18	54	192	82	2	128	348	476

Table 10b

NOT AT CLINICS

(H.V. = Home Visit. O.S.W. = Visit to other Social Agency)

County of Origin	Bangor		Colwyn Bay		Dolgelley		Rhyl		Wrexham		Total No. of Visits
	HV	OSW	HV	OSW	HV	OSW	HV	OSW	HV	OSW	
Anglesey	10(10)	3(3)	–	–	–	–	–	–	–	–	13
Caerns.	45(25)	9(7)	5(2)	1	–	–	–	–	–	–	60
Denbs.	1	–	8(8)	2(2)	–	–	7(6)	–	124(48)	11(9)	153
Flints.	–	–	–	–	–	–	32(20)	–	–	–	32
Merioneth	–	–	–	–	2	–	–	–	1	–	3
All Counties	56	12	13	3	2	–	39	–	125	11	261

Note: School visits paid early in the year by the Psychiatric Social Workers have been recorded in Table 9b.

G. SPECIAL INVESTIGATIONS

We have received every help and consideration from Medical Specialists on whose assistance we call not infrequently. I am particularly indebted to Dr. Gwyn Griffith and Dr. E. G. Gerald Roberts, Consulting Paediatricians, for their readiness to carry out investigations and to discuss findings with us.

Electro-encephalographic investigations are now being carried out at the North Wales Hospital. The procedure is painless but children in situations of this kind are often tense, and we appreciate the careful preparations which are made for their reception and the kindly attention which they receive. The numbers examined have not been large but findings have been of the greatest help in some instances.

Note: The Electro-encephalograph is a machine which records minute electrical changes which occur in the brain as a result of its activity. Brain injury and especially Epilepsy can often be diagnosed with certainty where they could previously be only suspected. The investigation is of particular interest to us, however, because of the light it may shed on some of the more serious behaviour disorders which we meet not uncommonly.

H. CONCLUSION

Once again I wish to record my gratitude to my team members for their constant efforts to improve the quality of the help which the clinics offer to their patients, and for their willing co-operation with me in the day to day work of office and clinics.

To the School Medical Officers I owe thanks for their continued permission to use school clinic premises and for their active co-operation with us in many matters.

To Dr. J. H. O. Roberts I am particularly grateful for his readiness to discuss problems of many kinds, and for his help and advice on numerous occasions.

To Dr. T. Islwyn Jones, Chairman, and to the members of the Child Guidance Sub-Committee I wish to express my thanks for the consideration which they have shown me.

To you, Mr. Chairman, Ladies and Gentlemen, I would convey my sincere appreciation of your unfailing support and your very real interest in the Child Guidance Clinics.

Your obedient servant,

E. SIMMONS,

Consultant Child Psychiatrist.

Report of Inspector of the Board of Control on visit to Broughton Institution 21st August, 1954.

Broughton Institution,

Broughton,

Near Chester.

August 21st, 1953.

There were 64 female patients in residence here today of whom 20 are under 16 years of age, 10 are epileptics and two are uncertified. The latter are here temporary. One woman is in Chester Infirmary on temporary licence. Twenty children have to be fed including five of very low grade who are being cared for in bed.

Staff at present employed consist of:

Miss Fletcher, the Matron
Three Nursing Assistants (full-time)
Six Nursing Assistants (part-time)
One Seamstress
One Cook
One Gardener
Two Odd Job Men

There is need here for a resident trained nurse to assist Miss Fletcher and relieve her for regular off duty periods and days away from the Institution. Also required are staff to conduct training classes for the younger girls. The nurses are doing their best, but are too inexperienced to plan and follow an orthodox curriculum of training. All this is fully appreciated by Matron and her nurses and I feel that to work on blindly may eventually cause unnecessary wastage of good staff.

Clothing is very good and non-institutional in style. Bedding and linen are also good and in reasonable state of repair.

Seventeen older girls are capable of useful work in the various departments, and monetary allowance is as follows:

2 are paid 10/- per week.
1 is paid £1/10/- per month.
4 are paid 5/- per week.
10 are paid 5/- per month.

Film shows are given weekly except during the month of August, and since the previous visit a Television Set has also been provided. Thirty-four women enjoyed an outing by coach to Bettws-y-coed this summer. I was pleased to hear that outdoor play equipment for the children is on order. Two older patients now enjoy parole in the district. A hairdresser visits regularly twice a month.

Dr. Davies, the Consultant Regional Psychiatrist, has recently visited and Matron discussed with him the staffiing and training problems mentioned above. I had the pleasure of meeting Dr. Bough, the Medical Officer in charge, who attends the Hospital twice weekly. The Mass X-Ray examination of all patients and staff carried out recently revealed nil of any significence. One woman is in Chester Infirmary on temporary licence having an operation for a strangulated hernia.

A small room on the ground floor has been equipped as a dental surgery, but patients requiring general anaesthesia will be treated elsewhere.

Meals are served at reasonable hours and a well balanced mid-day dinner was quickly served today. A new fish fryer has been installed in the kitchen.

The special baths installed for bathing helpless patients are found to be unsatisfactory. Staff accommodation is good; I would, however, like to suggest that Matron be provided with a kitchenette if this is at all possible. The need of a small mortuary was felt recently when complaints were made by staff following the death of one woman occurring at a week-end.

I arrived at Broughton at 9.40 a.m. and found the work well organized throughout. The wards, dormitories, and various departments are exceptionally clean and well kept.

Miss Fletcher, I am pleased to say, is enjoying better health and is to be relieved for her holiday leave by a trained nurse.

I was accompanied on this visit by Miss Thomas, the Nursing Officer of the Regional Hospital Board.

(Signed) M. G. MILNE-REDHEAD,

Inspector of the Board of Control.

Report of Commissioners on visit to Coed Du 22nd April, 1953

Coed Du,

Near Mold.

22nd April, 1953.

At our visit to this Institution for Certified Mentally Defective Women the names of 105 patients were upon the books: all with the exception of two are over the age of sixteen. All the patients are ambulant and of medium to slightly higher grade. Twenty-two were away, all on licence, including one who is in hospital.

The Matron-Superintendent is Mrs. Taylor and the visiting Medical Officer is Dr. Butler. Dr. Roberts, the Medical Superintendent of the North Wales Mental Hospital, Denbigh, is the supervising Medical Officer in practice of a number of M.D. establishments including this one. We have been informed that there is a probability that his duties will be taken over by the Medical Superintendent of Hensol Castle. The advantage in this is that transfers from the various smaller institutions will be much facilitated as Hensol Castle is an institution for the reception of mentally defective people.

We discussed several matters with Mrs. Taylor and the fact that of the 22 away on licence ten have been away for approximately two years or more. It may be these patients were only reviewed to see if any of them could come off order: we think the question of whether a variation of their orders to guardianship in certain cases might be again considered.

During the period under review, some five months, the general health of the patients has been good except for a little influenza. A weight book is kept but no medical diary: patients are physically overhauled once a year and the result is placed on each case sheet.

The nursing situation has improved a little and Mrs. Taylor now has to assist her one Sister, one Senior Assistant Nurse, one Night Nurse and two Nursing Assistants. All of these are on a full-time basis. In addition there are three part-time nurses and there are two ward orderlies.

The training here is rather limited and of necessity is confined to domestic duties such as the laundry, the sewing room, the kitchen, and a little gardening.

No-one is out in daily employment and there is no hostel as a half-way house to full licence. Later on the classification of patients here can be improved and any girl needing hostel experience may be sent to Hensol Castle.

Good attention is paid to entertainments and out of door recreations except there is no playground apart from a tennis court on which the patients can enjoy

themselves. There is a weekly cinema and a canteen: certain patients in twos and threes go to the village in parties and further excursions are made from time to time.

A religious service is held here every Wednesday and selected patients go to the nearby church.

We found all the various day-rooms and dormitories very well kept and comfortable and the only criticism we have is connected with the facilities for bathing and sanitary annexe. We are reporting specially to our Board on this latter aspect.

Rewards and comforts vary from 6d to 7/6d per week according to the type of patient. We received no complaints and found patients contented, happy, and appreciative of their surroundings. They speak well of their four meals a day and were neatly and suitably turned out. May be a few younger and more trainable girls will benefit from more facilities for training including the Three R's which Hensol Castle may be able fo offer them. In conclusion, we would like to thank Mrs. Taylor for every assistance during the visit.

(Signed) R. G. ANDERSON

JOHN C. RAWLINSON

Commissioners of the Board of Control.

Report made by the Commissioner and the Inspector of the Board of Control on their visit to Llwyn View Institution on the 17th February, 1953

Llwyn View Institution,

Dolgelley.

17th February, 1953

This Hospital has been designated for the reception of Certified Mental Defective Women. Today there were 60 in residence, two away in Mental Hospitals and five away on licence.

A good deal of alterations and improvements have been carried out, e.g. the laundry is now modernised and re-equipped, proper baths have been installed and the W.C.s have been given privacy.

The district does not afford much scope for outside daily employment but from time to time the girls are sent out to work at a local laundry. We discussed again the purposes of this hospital: the patients' ages range from young girls to old women, and there are some quite low grade cases. We also discussed the necessity to review those away on licence so that it may be determined whether any of them should come off Order or have their Orders varied to Guardianship.

Progress has been made regarding the patients' indoor games and amusements; a cinema show is now given in the hospital and dances are organized whereby male defectives from Garth Angharad Institution attend and also members from the local Youth Club Movement. So far, however, no field has been acquired for out of door recreations.

The patients appeared to us to be generally fairly contented but we feel that if this hospital cannot have its own hostel for the higher grade girls they should be transferred elsewhere by way of exchange for medium grade patients so that they would have a better chance to go out on licence.

Dr. Owen, the Medical Officer, visits at regular intervals but we feel that physical examinations should also be recorded. Psychiatrists from the Denbigh Mental Hospital visit here in a consultant capacity but the records and results of their visits were also not available. One low grade ambulant patient appeared to be vividly hallucinated.

The various Day Rooms and Dormitories were well kept, clean and comfortable. Selected patients go in parties to Dolgelley for shopping or other forms of recreation. Rewards to working patients appear to be satisfactory. The patients who were capable of expressing an opinion said they enjoyed their four meals per day.

We wish to thank Miss Williams, the Superintendent, for her assistance during our visit. She informed us that at the moment they had a temporary shortage of nursing staff.

(Signed) JOHN C. RAWLINSON,
Commissioner of the Board of Control.

(Signed) M. WOOLLVEN,
Inspector of the Board of Control.

The Report made by the Commissioner and the Inspector of the Board of Control on their visit to Garth Angharad Institution on 17th February, 1953

Garth Angharad Institution,
Dolgelley.

17th February, 1953

The names of 63 male patients certified under the Mental Deficiency Acts were upon the books. Two were away on licence and one away in hospital. The patients' ages range from a few under the age of 16 to elderly men. Classification is poor because some are quite medium to high grade while others are from medium to low grade. Classification has, however, been improved during the period under review by transferring some patients.

This hospital is very isolated and there are not many opportunities for outside daily employment. We again discussed the necessity of reviewing the patients on licence to see if they should come off Order or have their Orders varied to Guardianship.

Progress has been made in a number of directions and a cinema performance is now given. Out of door recreations have been enhanced generally. Football matches are now arranged with a local Youth Club and patients go to dances at the Hospital for Female Defectives at Dolgelley. Selected patients can go into Dolgelley in groups in the hospital van. Rewards to working patients appear to be satisfactory. We were surprised to learn from Mr. Roberts that some "authority" had instructed him not to grant parole to any patient. We have mentioned one in the Patients' Book whom we were informed was exceptionally high grade, a good worker and very trustworthy who, if he had been in another institution, undoubtedly would have had serious consideration given to granting him parole.

The patients on the whole appeared to be contented and those who were able to express an opinion said they were appreciative of their four meals per day and the kindly care and treatment of which they were in receipt. This hospital is satisfactorily staffed.

Attention has been paid to the improvement of staff quarters but in an institution of this size, namely 60, many additions, we presume, must depend upon the hospital's general development. At the moment, with 60 patients of varying ages and mental ages, a determined policy for this hospital must be difficult.

Dr. Owen visits at regular intervals and the general health of the patients, we were told, had been satisfactory. We discussed the keeping of case sheets and a medical journal.

The various day rooms and dormitories were well kept and this very attractive house and grounds was in its usual good state.

We have to thank Mr. Roberts for every assistance during the course of our visit.

JOHN C. RAWLINSON,
Commissioner of the Board of Control.

M. WOOLLVEN,
Inspector of the Board of Control.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

SUMMARY OF GROUP EXPENDITURE

YEAR ENDED 31st MARCH, 1954

Revised Estimate 1953/54		Previous Year	Actual 1953/54	% of Total
£	1. Salaries and Wages:	£	£ s. d.	
1914	i. Medical	2530	2160 16 4	0.55
115520	ii. Nursing	112006	116749 10 2	29.47
106481	iii. Other Staff	94264	103677 5 8	26.17
223915	Total Salaries	208800	222587 12 2	56.19
90300	2. Provisions	77357	89874 4 1	22.68
13350	3. Uniforms and Clothing	14036	14507 10 8	3.66
4975	4. Drugs, Dressings, Medical and Surgical Appliances and Equipment	4910	4995 2 4	1.26
27430	5. Fuel, Light, Power, Water, and Laundry	28194	27592 3 3	6.96
12817	6. Maintenance of Buildings, Plant and Grounds	12530	14160 14 5	3.57
24940	7. Domestic Repairs, Renewals and Replacements	26035	24519 5 8	6.19
56872	8. All Other Expenses	52628	56615 12 5	14.29
454599	TOTAL	424490	454852 5 0	114.80
58142	LESS Direct Credits	60329	59379 15 6	14.99
396457	NET Hospital Maintenance Expenditure	364161	395472 9 6	99.81
500	Central Administration	683	469 19 11	0.13
250	Other Expenditure	106	254 18 4	0.06
397207	Total Expenditure of H.M.C.	364950	396197 7 9	100.00

Gee & Son, Ltd., Denbigh